

L070000115 767

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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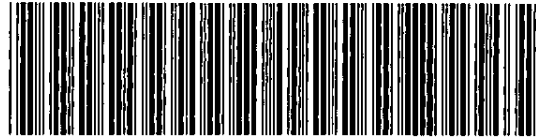
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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Law Office of  
**J. MARK FISHER**

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November 11, 2007

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**FILED**  
2007 NOV 15 P 1:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SUBJECT: NAT ASSOCIATES, LLC

Enclosed please find original Articles of NAT ASSOCIATES, LLC to be filed along with our firm check in the amount of \$160.00, to include the \$125.00 filing fee, certified copy and certificate of status.

I have also enclosed a stamped self addressed envelope for return of the documents. Please return all correspondence concerning this matter to the following:

J. Mark Fisher  
Law Office of J. Mark Fisher Attn: Tammy  
148 Miracle Strip Pkwy SE Ste2  
Fort Walton Beach, FL 32548

For further information concerning this matter, please call: J. Mark Fisher at (850) 244-8989.

Sincerely,

  
J. Mark Fisher

JMF/tlq

**ARTICLES OF ORGANIZATION OF  
NAT ASSOCIATES, LLC**

**ARTICLE I. Name**

The name of the limited liability company shall be **NAT ASSOCIATES, LLC**.

**ARTICLE II. Address**

The street address of the principal office and mailing address of **NAT ASSOCIATES, LLC** is:

Principal Office Address: 13417 Nebraska Avenue, Tampa, FL 33612

Mailing Address: 1600 Marina Bay Drive #804, Panama City, FL 32409

**ARTICLE III. Registered Agent, Registered Office & Registered Agent's Signature:**

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and street address of the registered agent of the company in the State of Florida is:

T. Anthony Arnone  
1600 Marina Bay Drive #804  
Panama City, FL 32409

*Having been named as registered agent and to accept to service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties and I am familiar with the Statutes governing the same and accept the obligations of my position as registered agent.*

  
T. Anthony Arnone

**ARTICLE IV. Manager(s) or Managing Member (s):**

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

T. Anthony Arnone  
1600 Marina Bay Drive #804  
Panama City, FL 32409

ARTICLE V. Effective Date  
If other than the date of filing: \_\_\_\_\_. (OPTIONAL)

REQUIRED SIGNATURE:

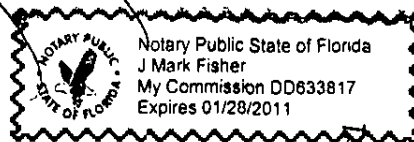
T. Anthony Arnone  
T. Anthony Arnone

(In accordance with section 608-408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

STATE OF FLORIDA  
COUNTY OF BAY

Sworn to and subscribed before me, by T. Anthony Arnone on Nov 8, 2007.

J. MARK FISHER, Notary Public



This Instrument prepared by:  
J. Mark Fisher, Esq., 148 Miracle Strip Pkwy, SE, Suite 2  
Ft. Walton Beach, FL 32548  
(850) 244-8989 or Toll Free 1-800-977-9733

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