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Effective Date OI 15/03

SECRETARY OF STATE
DIVISION OF CORPORATIONS
OR IAN 17 PN 2: 23

J. BRYAN

JAN 18 2008

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: NH NLLC. (Name of Limited Liability Company)	
The enclosed Articles of Organization and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
NICK H. NASSE (Name of Person)	
(Name of Person)	
(Firm/Company)	
3154 Gulf Breeze PKWY. Gulf Breeze, FL, 32563	
(Address)	
Gulf Breeze FL 32563 & Sign	1
	7
For further information concerning this matter, please call:	2. 2.
MCK H. MASSE at 850, 450 7328 (Name of Person) (Area Code & Daytime Telephone Number)	F ST
(Name of Person) (Area Code & Daytime Telephone Number)	H
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$130.00 Filing Fee & \$155.00 Filing Fee & \$160.00 Filing Fee,	
Certificate of Status Certified Copy Certificate of Status &	
(additional copy is enclosed) Certified Copy (additional copy is enclosed)	
Mailing Address Street/Courier Address	

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

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COM	IPANY
ARTICLE I - Name: The name of the Limited Liability Company is:	SION OF CLE
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")	PN 2: 2
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Com	ipany is:
Principal Office Address: Mailing Address:	
3154 Gulf Breeze, FL. 32563	
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 anothe business entity with an active Florida registration.)	r
	01/15/08
NICK H. NASSE Name	·
3154 Galf Breeze PKWY, Florida street address (P.O. Box NOT acceptable)	
City, State, and Zip) 32563	

Having been named as registered agent and to accept 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 and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

Registered Agent's Signature (REQUIRED)

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGKM	NICK H. NASSE 3154 Gulf Breeze PKU GNIF Breeze, FL, 3256
(Use attachment if necessary) CLE V: Effective date, if other t	than the date of filing: $/-15-08$. (OPTIONA
CLE V: Effective date, if other t	than the date of filing: / - 15 - 08 . (OPTION) must be specific and cannot be more than five business day
CLE V: Effective date, if other t	than the date of filing: / - 15 - 08 . (OPTIONA must be specific and cannot be more than five business day
CLE V: Effective date, if other to effective date is listed, the date of days after the date of filing.) REQUIRED SIGNATURE:	than the date of filing: / - 15 - 08. (OPTION) must be specific and cannot be more than five business day a member or an authorized representative of a member.

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)