

MAR. 14. 2008 12:41 PM

KANETSKYMOOREDEBOER

NO. 689

P. 1

Page 1 of 1

L080000027246

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H08000066732 3)))



H080000667323ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : KANETSKY, MOORE & DEBOER, P.A.
Account Number : 075350000267
Phone : (941) 485-1571
Fax Number : (941) 484-7226

FLORIDA/FOREIGN LIMITED LIABILITY CO.

W&L NOSTEL ENTERPRISES, LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

RECEIVED

08 MAR 14 PM 1:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2008 MAR 14 AM 9:35

FILED

L. SELLERS

MAR 17 2008

EXAMINER

ARTICLES OF ORGANIZATION
FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

W&L NOSTEL ENTERPRISES, LLC

ARTICLE II - Address

The mailing address and street address of the principal office of the Limited Liability Company is:

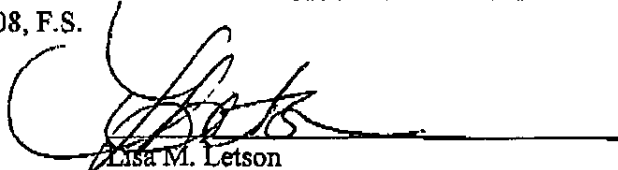
1505 S. Tamiami Trail
Venice, FL 34285

ARTICLE III - Registered Agent, Registered Office, & Registered Agents's Signature:

The name and street address of the registered agent are:

Lisa M. Letson
1505 S. Tamiami Trail
Venice, FL 34285

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.



Lisa M. Letson

This instrument prepared by:
Erik R. Liebennan, Esq.
P. O. Box 1767
Venice, FL 34284-1767
941-485-1571
FL Bar #393053

ARTICLE IV - Manager(s) or Managing Member(s):

Title:

"MGR" = Manager

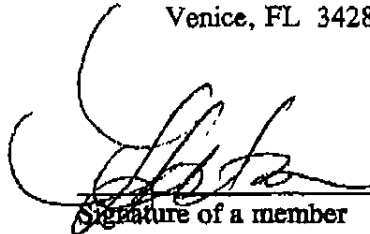
"MGRM" = Managing Member

MGRMs

Name and Address:

William M. Letson, Jr.
Lisa M. Letson
1505 S. Tamiami Trail
Venice, FL 34285

REQUIRED SIGNATURE:


Signature of a member

(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Lisa M. Letson

Typed or Printed Name of Signee

This instrument prepared by:
Erik R. Lieberman, Esq.
P. O. Box 1767
Venice, FL 34284-1767
941-485-1571
FL Bar #393053

FILED
2008 MAR 14 AM 9:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA