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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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WAIT

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MAIL

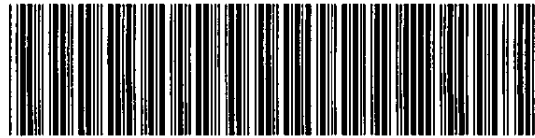
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. CLINE

MAR 25 2008

EXAMINER

TOMMY D. PERMENTER, JR.  
(ADMITTED IN FL & SC)



BELLWETHER PROFESSIONAL PARK  
2201 S.E. 30TH AVENUE, SUITE 202  
OCALA, FLORIDA 34471

TELEPHONE  
(352) 622-1811  
FACSIMILE  
(352) 622-1866  
EMAIL  
TOMMY@PERMENTERLAW.COM

March 21, 2008

Florida Department of State  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Re: NSC 40/I-75, LLC**  
**Our File No. 08-0141**

Dear Sir or Madam:

I have enclosed the Articles of Organization for NSC 40/I-75, LLC to be filed with the Department of State. I have also enclosed a check payable to the Department of State in the amount of \$125.00 representing the filing fee.

Please date stamp the enclosed copy of the Articles of Organization to evidence the filing of same and return it to us in the enclosed self-addressed, stamped envelope.

Thank you for your assistance. If you have any questions, please do not hesitate to contact us.

Sincerely,

**THE PERMENTER LAW FIRM, P.A.**

Tommy D. Permenter, Jr.

TDP/ag  
Enclosures

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## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** NSC 40/I-75, LLC  
(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:

Todd B. Rudnianyn

(Name of Person)

NSC 40/I-75, LLC

(Firm/Company)

101 Northeast First Avenue

(Address)

Ocala, FL 34470

(City/State and Zip Code)

For further information concerning this matter, please call:

Todd B. Rudnianyn

(Name of Person)

at ( 352 ) 629-6101

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee    ☐ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)    ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**Mailing Address**

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

**Street/Courier Address**

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

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

NSC 40/I-75, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

### ARTICLE II - Address:

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

#### Principal Office Address:

101 Northeast First Ave.

Ocala, FL 34470

#### Mailing Address:

101 Northeast First Ave.

Ocala FL 34470

### 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 the Florida street address of the registered agent are:

Todd B. Rudnianyn

Name

101 Northeast First Avenue

Florida street address (P.O. Box **NOT** acceptable)

Ocala FL 34470

City, State, and Zip

*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)

(CONTINUED)

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**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:**

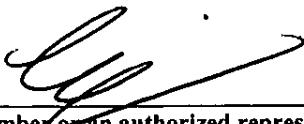
<u>MGRM</u>	<u>Todd B. Rudnianyn</u> <u>101 Northeast First Avenue</u> <u>Ocala, FL 34470</u>
<u>MGRM</u>	<u>Steve Rudnianyn</u> <u>101 Northeast First Avenue</u> <u>Ocala FL 34470</u>
<u>MGRM</u>	<u>Matt Rudnianyn</u> <u>101 Northeast First Avenue</u> <u>Ocala FL 34470</u>
<u> </u>	<u> </u>
<u> </u>	<u> </u>
<u> </u>	<u> </u>

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**REQUIRED SIGNATURE:**

  
\_\_\_\_\_  
Signature of a member or an authorized representative of a member.

(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.)

Todd B. Rudnianyn

\_\_\_\_\_  
Typed or printed name of signee

**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)

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TALLAHASSEE, FLORIDA

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