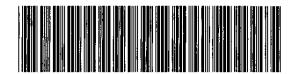
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(Requestor's Name)		
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PICK-UP WAIT MAIL		
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# **COVER LETTER**

TO:	Registration Section Division of Corporations		
SUBJECT: New Biz LLC (Name of Limited Liability Company)			
The end	closed Articles of Organization and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:			
•	Khanh D, Nguyen (Name of Person)		
,	(Name of Follow)		
•	(Firm/Company)		
	1546 Pine Street		
-	Niceville, FL 32578 (City/State and Zip Code)		
For furt	ther information concerning this matter, please call:		
Khanh D. Nguyen at (850, 420 - 0584) (Name of Person) Grea Code & Daytime Telephone Number)			
Enclos	ed is a check for the following amount:		
<b>(\$</b> 125.6	00 Filing Fee \$\bigcup \\$130.00 Filing Fee \& Certificate of Status \$\bigcup \text{Certified Copy} \\ \text{(additional copy is enclosed)}\$\$ Certified Copy \\ \text{(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		

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:

The name of the Emilion Blue may company		
NewBiz LL	Ž	
(Must end with the words Limited Lia	bility 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:	Mailing Address:	
1546 Pine Street Niceville, FL 32578	1546 Pine Street Niceville, FL 32578	
ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve as its own Regional business entity with an active Florida registration.)	•	
The name and the Florida street address of the registered agent are:		
Khanh D Nan	/ Vauyer	
	Street For 2	
Niceville City, State	address (P.O. Box NOT acceptable)  FL 32578	
	e, and Zip  o accept service of process for the above stated limited	
Thuring been named as registered agent and the	o accept service of process for the above stated tillilea	

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 (REOUIRED)

(CONTINUED)
Page 1 of 2

# 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 MGRM MGRM

(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 of 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.)

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)