

L080000053064

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

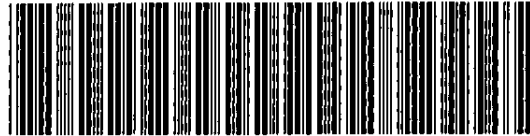
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300130407683

05/30/08--01003--005 **125.00

RECEIVED
08 MAY 29 PM 3:53
TALLAHASSEE, FLORIDA

FILED
08 MAY 29 AM 8:36
TALLAHASSEE, FLORIDA

B. KOHR

MAY 30 2008

EXAMINER

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Nestcome, LLC

FILED
08 MAY 29 AM 8:26
TALLAHASSEE, FLORIDA

- ☐ Art of Inc. File_____
- ☐ LTD Partnership File_____
- ☐ Foreign Corp. File_____
- ☒ L.C. File_____
- ☐ Fictitious Name File_____
- ☐ Trade/Service Mark_____
- ☐ Merger File_____
- ☐ Art. of Amend. File_____
- ☐ RA Resignation_____
- ☐ Dissolution / Withdrawal_____
- ☐ Annual Report / Reinstatement_____
- ☐ Cert. Copy_____
- ☒ Photo Copy_____
- ☐ Certificate of Good Standing_____
- ☐ Certificate of Status_____
- ☐ Certificate of Fictitious Name_____
- ☐ Corp Record Search_____
- ☐ Officer Search_____
- ☐ Fictitious Search_____
- ☐ Fictitious Owner Search_____
- ☐ Vehicle Search_____
- ☐ Driving Record_____
- ☐ UCC 1 or 3 File_____
- ☐ UCC 11 Search_____
- ☐ UCC 11 Retrieval_____
- ☐ Courier_____

Signature _____

Requested by: *wc*

Name _____

Date *5/29*

Time *3:45*

Walk-In _____

Will Pick Up _____

**ARTICLES OF ORGANIZATION
OF
NESTOCOME, LLC**

FILED
08 MAY 29 AM 8:36
TALLAHASSEE, FLORIDA

Each undersigned individual, being either a member or the authorized representative of a member, hereby presents these Articles of Organization to the Department of State of the State of Florida in accordance with Chapter 608, Florida Statutes, for the formation of a limited liability company under the laws of the State of Florida.

ARTICLE I

The name of the limited liability company (the "Company") is Nestocome, LLC.

ARTICLE II

Unless and until the Company is dissolved by the unanimous consent of the members or by law, the Company will exist in perpetuity from the date of the filing of these Articles with the Florida Department of State.

ARTICLE III

The mailing address and street address of the Company's principal business office is:

c/o Louis P. Archambault
One Biscayne Tower, Suite 2400
2 South Biscayne Boulevard
Miami, FL 33131

ARTICLE IV

The name of the initial registered agent and the street address of the initial registered office for service of process in the State of Florida are as follows. Attached to these Articles is a written statement from the registered agent as required by Florida Statute § 608.415.

Registered Agent

Louis P. Archambault

Address of Registered Office

One Biscayne Tower, Suite 2400
2 South Biscayne Boulevard
Miami, Florida 33131

ARTICLE V

The business of the Company shall be managed by one or more members. The Company shall be a member-managed Company. The address of each Managing Member is as follows:

"MGR" = Manager
"MGRM" = Managing Member

Title
MGRM

Name and Address
Michael Larsson
c/o Louis P. Archambault
One Biscayne Tower, Suite 2400
2 South Biscayne Boulevard
Miami, FL 33131

ARTICLE VI

The Company may exercise any powers, without limitation whatsoever, which a limited liability company may legally exercise under the laws of the State of Florida.

ARTICLE VII

The Company may indemnify any manager, member, officer, employee or agent of the Company to the fullest extent permitted by Florida law.

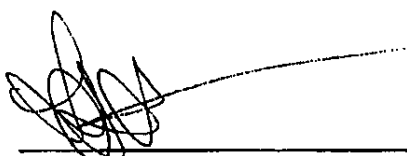
IN WITNESS WHEREOF, the undersigned authorized representative of the Company has hereunto executed these Articles of Organization this 29th day of May, 2008.



Louis P. Archambault, Authorized Representative

ACCEPTANCE OF REGISTERED AGENT

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.

A handwritten signature in black ink, appearing to be "Louis P. Archambault", written over a horizontal line.

Louis P. Archambault