

08000062916

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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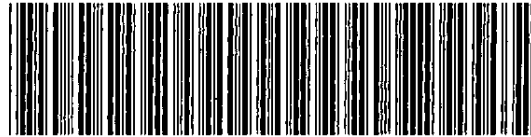
(Business Entity Name)

(Document Number)

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08 JUN 26 AM 10:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

6/27/08

Department of State  
Divisions of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Nah-Deh E. W. Simmons LLC**

Enclosed is and original and one copy of the Articles of Incorporation and a check for \$130 from:

**Nah-Deh Simmons  
3500 University Blvd. N. 1904  
Jacksonville FL 32277  
904-545-9044**

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TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION FOR  
FLORIDA LIMITED LIABILITY  
COMPANY**

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TALLAHASSEE FLORIDA

**ARTICLE I.**

The name of the Limited Liability Company is **Nah-Deh E. W. Simmons LLC.**

**ARTICLE II**

The mailing address and principal office of Better Understanding & Services Through Inter-Faith Connections LLC are:

**Principal Office Address**  
**3500 University Blvd. N. 1904**  
**Jacksonville FL 32277**

**Mailing Address**  
**P. O. Box 41083**  
**Jacksonville, FL 32203**

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TALLAHASSEE, FLORIDA

**ARTICLE III**

The name and Florida street address of the registered agent is:


**Nah-Deh Simmons**  
**3500 University Blvd. N. 1904**  
**Jacksonville FL 32277.**  
**904-545-9044**

**ARTICLE IV**

The name and address of the Manager and or Managing Member is as follows:

**MANAGER**

**Nah-Deh Simmons**  
**3500 University Blvd. N. 1904**  
**Jacksonville FL 32277**  
**904-545-9044**

  
**Signature**

NAH-DEH SIMMONS  
**Printed Name**

**CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED  
OFFICE**

Pursuant to section 607.0501 or 617.0501 or Chapter 608 of the Florida Statutes, the undersigned Limited Liability Company, organized under the laws of the state of Florida submits the following statement in designating the Registered Agent/Office in the State of Florida.

The name of the Limited Liability Company is **Nah-Deh E. W. Simmons LLC**

The name and address of the Registered Agent is: **Nah-Deh Simmons 3500 University Blvd. N. 1904 Jacksonville, FL 32277**

**HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT 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 OBLIGATION OF MY POSITION AS REGISTERED AGENT.**

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

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