# L08000092651

(Requestor's Name)
•
(Address)
(Address)
(Audiess)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(20011000 21111)
(Document Number)
Certified Copies Certificates of Status
2
Special Instructions to Filing Officer:
•

Office Use Only



800136368838

09/29/08--01023--018 \*\*160.00

SEURETARY UP STATE ALLAHASSEE, FLORIO

7068 CEP 20 DM 1. I

cd.9-30

# **COVER LETTER**

TO:	Registration Se Division of Con		· · · · · · · · · · · · · · · · · · ·	254
SUBJE	CT: NSL F	PRODUCTION	S LLC.	
50561		(Name of Limit	ted Liability Company)	
The end	closed Articles of	Organization and fee(s) are	submitted for filing.	
Please	return all correspo	ondence concerning this mat	ter to the following:	
	KURT GA	AEBEL		
			(Name of Person)	
	NATION	AL SKYDIVING	LEAGUE	
	•		(Firm/Company)	
	1665 LEX	XINGTON AVE	NUE SUITE 104	
			(Address)	
	DELAND	), FL 32724		
		(Cı	ty/State and Zip Code)	
For fur	ther information o	concerning this matter, pleas	e call:	
KUF	RT GAEB	EL	at 386 801080	4
	(Name	of Person)	(Area Code & Daytime Tele	phone Number)
Enclos	sed is a check fo	r the following amount:		
<b>\$12</b> 5.	.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	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 C Tallahassee, FL 32301	irel <del>e</del>

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:	
NSL PRODUCTIONS LLC.  (Must end with the words "Limited Liability	y Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the printing address and street address and stre	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1665 LEXINGTON AVENUE SUITE 104	1665 LEXINGTON AVENUE SUITE 104
DELAND, FL 32724	DELAND, FL 32724
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	Office, & Registered Agent's Signature: red Agent. You must designate an individual or another gistered agent are:
The name and the Florida street address of the re	gistered agent are:
KURT GAEBEL	The same area
Name	VENUE SUITE 104
1665 LEXINGTON A	VENUE SUITE 104
	ess (P.O. Box NOT acceptable)
DELAND, FL 3272	
City, State, ar	ld Zip
	ccept service of process for the above stated limited is certificate, I hereby accept the appointment as

Registered Agent's Signature (REQUIRED)

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..

(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:

MGRM	KURT GAEBEL 1665 LEXINGTON AVENUE SUITE 104 DELAND, FL 32724
MGRM	JOHN DUNN
	1706 EAST MINNESOTA AVENUE DELAND, FL 32724
(Use attachment if necessary)	
LE V: Effective date, if other than	the date of filing: (OPTIONAL)

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.)

CAEBEL
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)