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

A. LUNT

NOV - 4 2008

EXAMINER

Office Use Only



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SECRETARY OF STATE

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FILED

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: NOW SOLUTIONS LLC (Name of Limited Liability Company)	
(I take of Entitled Enterity Company)	
The enclosed Articles of Organization and fee(s) are submitted for filing.	量工
Please return all correspondence concerning this matter to the following:	
NIGEL DE WIT	N-3 PA
(Name of Person)	F 75
NOW SOLUTIONS LLC (Firm/Company)	
9135 58TH DRIVE EAST, (Address)	
BRADENTON FLURIDA 34202 (City/State and Zip Code)	
(Chyronic and Dip Code)	
For further information concerning this matter, please call:	
NIGEL DE DIT at (941) 365 6900 x 112 (Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\times 130.00 Filing Fee \$\times 155.00 Filing Fee \$\times 2 \times 155.00 Filing Fee \$\times 2 \times 160.00 Filing Fee \$\times 2 \times 2 \time	atus &
Mailing Address Registration Section Registration Section	

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

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:	
NDW SOLUTIONS LL (Must end with the words "Limited Liabil	ity Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pr	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
9135 58TH DAYE EAST BRADENTON FLORIDA 34202	9135 5874 DRIVE GAST SPLADENTON FLORIDA 34202
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)	
The name and the Florida street address of the r	egistered agent are:
NIGEL C Name	DE WIT
9135 S8TH DOLVE Florida street add	Iress (P.O. Box NOT acceptable)
ROADENTON City, State, a	FL 34202 and Zip
Having been named as registered agent and to	accept service of process for the above stated limited

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)
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: Name and Address: "MGR" = Manager "MGRM" = Managing Member SUMMEN MEADOW (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.)

\$125.00 Filing Fee for Articles of Organization and Designation

Filing Fees:

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)