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Division of Corporations

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**LD9000019849**

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : HURCO  
Account Number : 104562003400  
Phone : (516) 935-3940  
Fax Number : (516) 935-3088

**FLORIDA/FOREIGN LIMITED LIABILITY CO.**

**Nova Consulting Services, LLC**

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

**D. BRUCE**

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**EXAMINER**

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

**ARTICLE I - Name**

The name of the Limited Liability Company is: **Nova Consulting Services, 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:**

5680 SE Pot O Gold Place

5680 SE Pot O Gold Place

Stuart, FL 34997

Stuart, FL 34997

**ARTICLE III - Registered Agent, Registered Office & Registered Agent's Signature**

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

Linda A. Mahen

Name

5680 SE Pot O Gold Place

(P.O. Box or Mail Drop Box NOT Acceptable)

Stuart, FL 34997

(City / State / Zip)

*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 - Linda A. Mahen

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**ARTICLE IV - Manager(s) or Managing Member(s):**

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

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

Linda A. Mahen - 5680 SE Pot O Gold Place, Stuart, FL 34997

MGRM

Andrew Sollimine - 5680 SE Pot O Gold Place, Stuart, FL 34997

(Use attachment if necessary)

**REQUIRED SIGNATURE:**



Signature of a member or 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. )

Linda A. Mahen

Typed or printed name of signee

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