

LD 9000024266

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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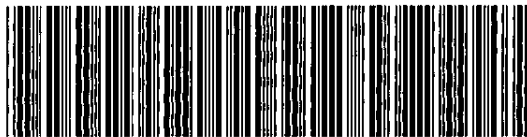
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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T. HAMPTON

MAR 12 2009

EXAMINER

CHICAGO AGENCY INC.

2 GILMAN LANE
CORTLANDT MANOR, NEW YORK 10567-6204

(914) 703-0130 • FAX (914) 462-3315

March 10, 2009

BY FEDEX (Priority)
Confirm (850) 245-6051

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

Re: NFM Residential LLC, a Florida limited liability company

[Organization and Formation of New Entity]

Dear Madam or Sir:

I am writing to forward the completed Articles of Organization for the new above-described entity, to be filed with your office. I also enclose a check made to the order of the Florida Department of State in the amount of One Hundred Sixty Dollars (\$ 160) for the Filing Fee, Certificate of Status, and Certified Copy.

Please feel free to call me with any questions or comments you may have about these documents or the transition.

Very truly yours,


Daniel G. Hayes
President and CEO

Enclosures.

NFM\org\dcFDS.3jl

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

NFM Residential LLC

(Must end with the words "Limited Liability Company," "LLC," or "L.L.C.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

2745 First Street, Suite 305

Fort Myers, Florida 33916

Mailing Address:

2745 First Street, Suite 305

Fort Myers, Florida 33916

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Robert M. Kohn

Name

2745 First Street, Suite 305

Florida street address (P.O. Box **NOT** acceptable)

Fort Myers 33916

FL

City, State, and 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 (REQUIRED)

(CONTINUED)

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

Robert M. Kohn

2745 First Street, Suite 305

Fort Myers, Florida 33916

MGR

Daniel G. Hayes

P.O. Box 755

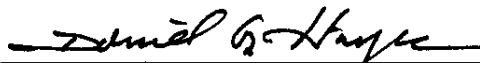
Mohegan Lake, New York 10547-0755

(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 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.)

Daniel G. Hayes

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)

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