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(Requestor's Name)

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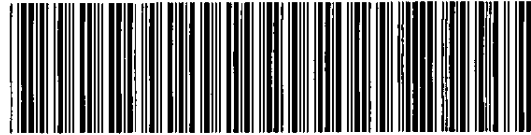
(Business Entity Name)

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09 APR -9 AM 11:45
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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09 APR -9 PM 1:45
DIVISION OF STATE
TALLAHASSEE, FLORIDA

B. KOHR

APR - 8 2009

EXAMINER

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Nash D.R., LLC

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- ☐ Art of Inc. File _____
- ☐ LTD Partnership File _____
- ☐ Foreign Corp. File _____
- ☒ L.C. File _____
- ☐ Fictitious Name File _____
- ☐ Trade/Service Mark _____
- ☐ Merger File _____
- ☐ Art. of Amend. File _____
- ☐ RA Resignation _____
- ☐ Dissolution / Withdrawal _____
- ☐ Annual Report / Reinstatement _____
- ☒ Cert. Copy _____
- ☐ Photo Copy _____
- ☐ Certificate of Good Standing _____
- ☐ Certificate of Status _____
- ☐ Certificate of Fictitious Name _____
- ☐ Corp Record Search _____
- ☐ Officer Search _____
- ☐ Fictitious Search _____
- ☐ Fictitious Owner Search _____
- ☐ Vehicle Search _____
- ☐ Driving Record _____
- ☐ UCC 1 or 3 File _____
- ☐ UCC 11 Search _____
- ☐ UCC 11 Retrieval _____
- ☐ Courier _____

Signature _____

Requested by: Seth 4/9 11:00
Name Date Time

Walk-In _____ Will Pick Up _____

**ARTICLES OF ORGANIZATION OF
NASH D.R., LLC
A FLORIDA LIMITED LIABILITY COMPANY**

FILED
09 APR -9 PM 1:46
TALLAHASSEE, FLORIDA

THE UNDERSIGNED, BEING AUTHORIZED TO EXECUTE AND FILE THESE ARTICLES OF ORGANIZATION, HEREBY CERTIFIES THAT:

ARTICLE I – Name:

The name of the Limited Liability Company is NASH D.R., LLC (hereinafter referred to as the “Company”).

ARTICLE II – Address:

The mailing address and street address of the principal office of the Limited Liability Company is: 3494 N. U.S. Highway 301, Coleman, Florida 33521.

ARTICLE III – Duration:

The period of duration for the Limited Liability Company shall be: Perpetual.

ARTICLE IV – Management:

The Company is to be managed by a Manager and the name and address of the Manager is:

**James C. Nash
15351 SE 47th Avenue
Summerfield, Florida 34491**

ARTICLE V – Admission of Additional Members:

The right, if given, of the members to admit additional members and the terms and conditions of the admissions shall be: As approved by the Manager and the members and in accordance with the provisions of the Operating Agreement.

ARTICLE VI- Limitation on Agency Authority of Members:


Pursuant to Section 608.4235 of the Florida Limited Liability Company Act, no member of the Company shall be an agent of the Company solely by virtue of being a member, and no member shall have authority to incur debt or contractual liability on behalf of the Company solely by virtue of being a member.

**ARTICLE VII- Registered Agent, Registered Office, & Registered Agent's
Signature:**

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

Lawrence J. Marchbanks
110 Cleveland Avenue
Wildwood, Florida 34785

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.



LAWRENCE J. MARCHBANKS
Registered Agent

ARTICLE VIII- Effective Date:

The effective date for this organization is to be upon execution of these Articles of Organization.

IN WITNESS WHEREOF, I have signed these Articles of Organization and acknowledged them to be my act this 27th day of March, 2009.

Manager authorized to Execute
Articles of Organization


James E. Nash

(In accordance with Section 608.403(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

STATE OF FLORIDA

COUNTY OF SUMTER

The foregoing Articles of Organization were acknowledged before me on the
27th day of March, 2009, by **James C. Nash**, who is personally known to me.

(Seal)



Teresa Norvell
Notary Public – State of Florida
Print Name: _____
My Commission Expires: _____