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(F	Requestor's Name)
(F	Address)
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(0	City/State/Zip/Phone #)
PICK-UP	☐ WAIT ☐ MAIL
(E	Business Entity Name)
/ (C	Document Number)
Certified Copies	Certificates of Status
Consideration to	

Special Instructions to Filing Officer:

A. LUNT

JUN - 9 2009

EXAMINER

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FILED

109 JUN -8 PM 1: 25

SECRETARY OF STATE

COVER LETTER

SUBJECT:		NI Group, LLC	
	Name of Limit	ted Liability Company	
The enclosed Articles of (Organization and fee(s) are	submitted for filing.	
Please return all correspon	ndence concerning this mat	ter to the following:	
	Ellic	ot S. Fisher, Esq.	
•		Name of Person	ALSE OF
		•	
		Firm/Company	\$88 \$88
	1819 JFK	Boulevard, Suite 400	2009 JUN -18 PH-1: 2
		Address	PAIR ORNING
	Philac	delphia, PA 19103	D(1)
	Cir	ty/State and Zip Code	
		her@earthlink.net	
	E-mail address: (to be used	for future annual report notification) ·
For further information co	ncerning this matter, pleas	e call:	. N
	! Sigher For	045	000 0000
		_at (215)	988-9838
Elliot S. F	Person	Area Code & Daytime To	elenhana Niimher
Elliot S. F Name of	Person	Area Code & Daytime To	elephone Number
		Area Code & Daytime To	elephone Number
Name of	the following amount:	Area Code & Daytime To \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Nat The name of the Li	ne: mited Liability Com	npany is:	
(Mi		Group, LLC nited Liability Company," "L.L.C.," or "LLC.")	
ARTICLE II - Ad	dress:	of the principal office of the Limited	
Principal Office A	ddress:	Mailing Address:	
106 Hampton La Blue Bell, PA 19		106 Hampton Lane Blue Bell, PA 19422	
(The Limited Liability Co business entity with an	ompany cannot serve as its active Florida registration.) Florida street address	egistered Office, & Registered Age own Registered Agent. You must designate an is of the registered agent are: rian Goldberg	individual of another 2009 JUN - 8
		Name dy Avenue, Unit 1610 lress (P.O. Box <u>NOT</u> acceptable)	PM 1:25 OF STATE E. FLORIDA
	Miami Beach, FL	_ 33139 FL y, State, and Zip	
liability compai registered agent ar statutes relating i	ny at the place design nd agree to act in this to the proper and con	t and to accept service of process for nated in this certificate, I hereby accept capacity. I further agree to comply implete performance of my duties, and in as registered agent as provided for	pt the appointment as with the provisions of all I am familiar with and

(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:

"MGR" = Manager	Name and Address:	
"MGRM" = Managing Member		
MGR	Harvey Goldberg	
	106 Hampton Lane	
	Blue Bell, PA 19422	
		2009 SE
		SECKE SECKE
		<i>S</i> ≥ 1
		Marie W
(Use attachment if necessary)		ATE RIDA
CLE V: Effective date, if other than the		OPTIONAL)
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CLE V: Effective date, if other than the effective date is listed, the date must 00 days after the date of filing.) REQUIRED SIGNATURE: Signature of a memical content of this document content that the facts stated in the effective date of the content of the c	be specific and cannot be more than five ber or an authorized representative of a memb section 608.408(3), Florida Statutes, the execution histitutes an affirmation under the penalties of perintercin are true.) Harvey Goldberg	COPTIONAL) e business days pri
CLE V: Effective date, if other than the effective date is listed, the date must 0 days after the date of filing.) REQUIRED SIGNATURE: Signature of a memory of this document contract that the facts stated in the state of the	be specific and cannot be more than five ber or an authorized representative of a memb section 608.408(3), Florida Statutes, the execution	COPTIONAL) e business days pri

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

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