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(City/State/Zip/Phone #)

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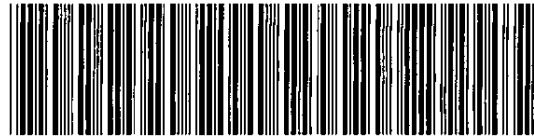
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T. HAMPTON

JUL 16 2009

EXAMINER

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** F.C. Nixon Consulting, LLC  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Cathi C. Wilkinson

Name of Person

Cathi C. Wilkinson, P.L.

Firm/Company

2940 Kerry Forest Parkway, Suite 103

Address

Tallahassee, FL 32309

City/State and Zip Code

cwilkinson@cwilkinsonlaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cathi C. Wilkinosn

Name of Person

at (

850)

668-4130

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &  
Certificate of Status

☒ \$155.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$160.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**Mailing Address**

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

**Street/Courier Address**

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

**ARTICLES OF ORGANIZATION  
OF  
F.C. NIXON CONSULTING, LLC**

The undersigned, pursuant to the provisions of Chapter 608, Florida Statutes (the "Florida Limited Liability Company Act"), for the purpose of forming a limited liability company under the laws of the State of Florida sets forth the following:

**ARTICLE I  
NAME**

The name of the limited liability company is F.C. NIXON CONSULTING, LLC (hereinafter referred to as the "Company").

**ARTICLE II  
PERIOD OF DURATION**

The Company shall have perpetual existence unless earlier dissolved as provided in the Florida Limited Liability Act or the written Operating Agreement to be executed by all of the Members of the Company.

**ARTICLE III  
PURPOSE**

The business of the Company shall be:

- (a) To provide consulting services, as well as any and all other lawful business activities whatsoever or which shall at any time appear conducive to or expedient for the business of the Company;
- (b) To exercise all other powers necessary to or reasonably connected with the Company's business which may be legally exercised by limited liability companies under the Florida Limited Liability Company Act;
- (c) To engage in all activities necessary, customary, convenient, or incident to any

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of the foregoing.

**ARTICLE IV**  
**PRINCIPAL OFFICE**

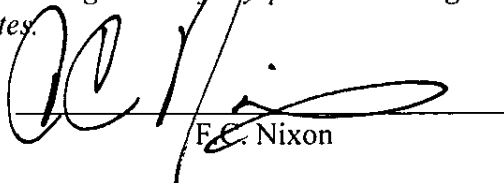
The mailing address and street address of the principal office of the Company in Florida is 2961 St. Stevens Drive, Tallahassee, FL 32312. Such address may be changed from time to time as provided in the Operating Agreement.

**ARTICLE V**  
**REGISTERED OFFICE AND AGENT**

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

F.C. Nixon  
2961 St. Stevens Drive  
Tallahassee, FL 32312

*Having been named as registered agent and as the person to accept service of process for the above named limited liability company at the place designated in these Articles, 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, Florida Statutes.*

  
F.C. Nixon


**ARTICLE VI**  
**MANAGEMENT**

The Company shall be a manager-managed limited liability company. The initial manager of the Company shall be F.C. Nixon, whose address is 2961 St. Stevens Drive, Tallahassee, FL 32312.

**ARTICLE VII**  
**EFFECTIVE TIME**

These Articles shall be effective when filed with the Florida Department of State.

Executed by the undersigned as Manager and sole member of the Company, on the 13<sup>th</sup> day of July, 2009.

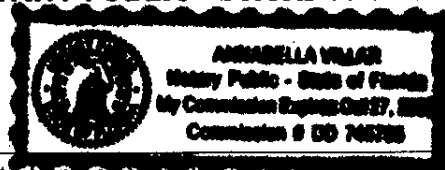
  
F.C. NIXON

STATE OF FLORIDA,

COUNTY OF LEON.

The foregoing instrument was acknowledged before me this 13 day of July, 2009, by F.C. Nixon as Manager and sole member of F.C. NIXON CONSULTING, LLC a Florida limited liability company. He is personally known to me or has produced \_\_\_\_\_ as identification.

  
NOTARY PUBLIC - STATE OF FLORIDA



Print, Type or Stamp Name of Notary Public

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