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SECRETARY OF STATE
DIVISION OF CORPORATION
09 OCT 29 AM 11:48

G. MCLEOD

NOV 13 2009

EXAMINER

109-48241

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: NAB GLOBAL 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:

NORMAND A. BOURASSA

Name of Person

NAB GLOBAL LLC

Firm/Company

602 POLO PARK EAST BLVD.

Address

DAVENPORT, FL. 33897

City/State and Zip Code

NABGLOBALLLC@YAHOO.COM

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

For further information concerning this matter, please call:

NORMAND BOURASSA

Name of Person

at (**863**)

397-3313

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 FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

NAB GLOBAL LLC

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

ARTICLE II - Address:

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

Principal Office Address:

602 POLO PARK EAST BLVD.
DAVENPORT FL 33897

Mailing Address:

602 POLO PARK EAST BLVD.
DAVENPORT FL 33897

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:

NRAI SERVICES, INC.

Name

2731 EXECUTIVE PARK DRIVE - SUITE 4

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

WESTON FL 33331

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.

NRAI Services, Inc.

By: Matt Thompson

Registered Agent's Signature (REQUIRED)

Matt Thompson, Assistant Secretary

(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

NORMAND A. BOURASSA

602 POLO PARK EAST BLVD.

DAVENPORT, FL 33897

MGRM

PERLITA TIU

BLOCK 3 LOT 6 PURAVILLE

ORMAC CITY, LEYTE, PHILIPPINES

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 10/27/2009 (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.)

NORMAND A. BOURASSA

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)