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(Requestor's Name)

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(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

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(Business Entity Name)

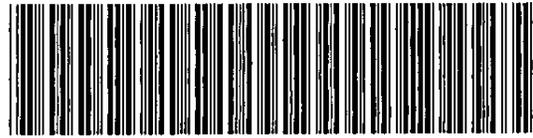
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DIVISION OF CORPORATION  
09 OCT 29 AM 11:48

G. MCLEOD

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EXAMINER

W09-48241

**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** at ( **863** ) **397-3313**  
Name of Person 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:**

**Mailing Address:**

602 POLO PARK EAST BLVD.  
DAVENPORT FL 33897

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

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DIVISION OF CORPORATION  
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*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)

**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)