

**L09000110473**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

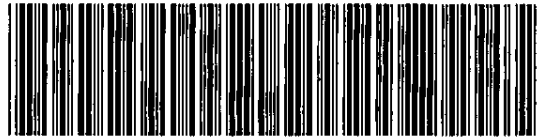
(Document Number)

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Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**C. LEWIS**

NOV 17 2009

**EXAMINER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** NS Power Supplies, LLC

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

Please return all correspondence concerning this matter to the following:

Nancy Savina  
P.O Box 2242  
Vero Beach, Fl 32961

For further information concerning this matter, please call:

Richard B. Leffew 772-770-4700

Enclosed is a check for the following amount: \$125.00 Filing Fee

**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  
NS POWER SUPPLIES, LLC

FILED  
2009 NOV 16 PM 11:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLE I - NAME

The name of the limited liability company is NS Power Supplies, LLC ("company").

ARTICLE II - ADDRESS

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

Principal Office Address:

416 19<sup>th</sup> Lane  
Vero Beach, FL 32960

Mailing Address:

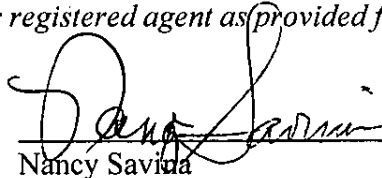
P.O. Box 2242  
Vero Beach, FL 32961

ARTICLE III - REGISTERED AGENT,  
REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE

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

Nancy Savina  
416 19<sup>th</sup> Lane  
Vero Beach, FL 32960

*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..*

  
\_\_\_\_\_  
Nancy Savina

ARTICLE IV - MANAGERS OR MANAGING MEMBERS

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGMR" = Managing Member

Name and Address:

MGMR

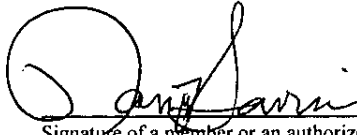
Nancy Savina

416 19<sup>th</sup> Lane

Vero Beach, Fl 32960

ARTICLE V - OTHER MATTER

**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.)

Nancy Savina

Typed or printed name of signee

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