

LD9000114264

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

**L. SELLERS**  
DEC - 1 2009  
**EXAMINER**

Office Use Only



400162621454

11/30/09--01031--002 \*\*155.00

**FILED**  
09 NOV 30 AM 8:58  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA



BOYETTE, CUMMINS & NAILOS  
Attorneys At Law

K. Wade Boyette, Jr.  
Norman C. Cummins  
Gary L. Lewis  
Heath B. Nailos  
Kristin Cummins Nailos

November 23, 2009

Division of Corporations  
DEPARTMENT OF STATE  
Post Office Box 6327  
Tallahassee, FL 32314

RE: NAMAD RENTALS, LLC

Dear Ladies or Gentlemen:

Enclosed please find the original and one copy of the Articles of Organization for the above-named limited liability company, the original of which is to be filed with your office. Enclosed is my check in the sum of \$155.00 to cover the cost of filing the Articles as follows:

1. Filing Fee:	\$ 100.00
2. Certified Copy:	30.00
3. Registered Agent Designation:	<u>\$ 25.00</u>
TOTAL	\$ 155.00

Please certify the enclosed copy and return same to our office.

Should you have any questions, please do not hesitate to contact me.

Sincerely,

CAROL HALL  
Legal Assistant to  
NORMAN C. CUMMINS

/cfh

Enclosures

CAROL/LLC FILE LTR

1635 East Highway 50, Suite 300 • Clermont, Florida 34711  
Satellite Offices: Brooksville • Winter Park  
Ph: 352.394.2103 • Fx: 352.394-2105

## **ARTICLES OF ORGANIZATION**

### **OF**

### **NAMAD RENTALS , LLC**

The undersigned, being a duly authorized member, desiring to form a limited liability company under the Florida Limited Liability Company Act, Chapter 608, Florida Statutes, does hereby adopt the following Articles of Organization:

#### **ARTICLE I: NAME**

The name of the limited liability company is **NAMAD RENTALS, LLC**, (the "Company").

#### **ARTICLE II: ADDRESS**

The mailing address and street address of the principal office of the Company is 5142 Chanticleer Drive, Leesburg, FL 34748.

#### **ARTICLE III: DURATION**

The period of the Company's duration shall be perpetual, unless terminated in accordance with the Company's regulations.

#### **ARTICLE IV: PURPOSE**

The purpose for which the Company is being formed is to engage in any activity or business permitted under the laws of the United States and the State of Florida.

#### **ARTICLE V: REGISTERED OFFICE AND AGENT**

The company designates 5142 Chanticleer Dr., Leesburg, FL 34748 as the street address of the initial registered office of the Company and names WILLIAM Z. NAMAD, the Company's initial registered agent at that address to accept service of process within this state.

#### **ARTICLE VI: ADDITIONAL MEMBERS**

Additional Members may be admitted upon the approval of all of the Members of the Company.

FILED  
09 NOV 30 AM 8:58  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**ARTICLE VII: MEMBERS RIGHT TO CONTINUE BUSINESS**

The right, if given, of the remaining members of the Company to continue business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event that terminates the continued membership of a member in the Company will be provided in the Regulations of the Company.

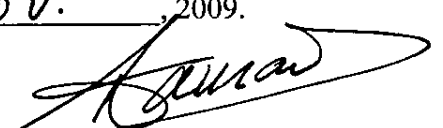
**ARTICLE VIII: MANAGEMENT**

This will be a member-managed Company and the initial Managing Member shall be WILLIAM Z. NAMAD, of 5142 Chanticleer Dr., Leesburg, FL 34748

**ARTICLE IX: REGULATIONS**

The power to adopt, alter, amend, or repeal the Regulations of the Company will be vested in the Members of the Company.

Dated this 24th day of Nov., 2009.

  
\_\_\_\_\_  
WILLIAM Z. NAMAD  
Member

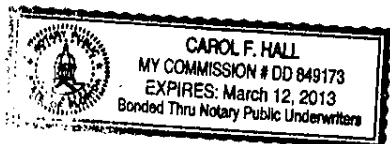
STATE OF FLORIDA  
COUNTY OF LAKE

The foregoing instrument was acknowledged before me this 24th day of Nov., 2009 by WILLIAM Z. NAMAD, and who:

- ( ) is personally known to me.  
(X) produced Florida driver's license(s) as identification.  
( ) produced \_\_\_\_\_ as identification.

  
\_\_\_\_\_  
Notary Public

My commission expires:



FILED  
09 NOV 30 AM 8:58  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**


PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is **NAMAD RENTALS, LLC.**
2. The name and address of the registered agent and office is **WILLIAM Z. NAMAD**, of 5142 Chanticleer Drive, Leesburg, FL 34748.

Dated this 24th day of Nov., 2009.

  
\_\_\_\_\_  
**WILLIAM Z. NAMAD**

Having been named as Registered Agent to accept service of process for the above referenced limited liability company, at the place designated in this certificate, I hereby agree to the appointment as Registered Agent and agree to act in that 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.

  
\_\_\_\_\_  
**WILLIAM Z. NAMAD**  
**Registered Agent**

11-24-09  
\_\_\_\_\_  
**Date**