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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

(Business Entity Name)

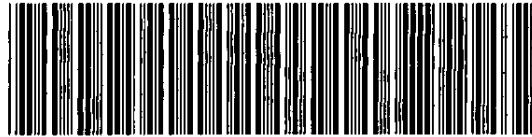
(Document Number)

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

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10 FEB - 8 PM 2:42  
TALLAHASSEE, FLORIDA

S. HAWKES

FEB 9 - 2010

EXAMINER

## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: NavTax, 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:

Erik Wrinkle  
(Name of Person)

NavTax, LLC  
(Firm/Company)

1475C Collingswood Blvd.  
(Address)

Port Charlotte, FL 33948  
(City/State and Zip Code)

For further information concerning this matter, please call:

Erik Wrinkle at (941) 629-0991  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |  |   |  |   |
|--|---|--|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input checked="" type="checkbox"/> \$130.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee & Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee, Certificate of Status & Certified Copy<br>(additional copy is enclosed) |
|--|---|--|---|

STREET ADDRESS:

Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

MAILING ADDRESS:

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

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I – Name:**

The name of the Limited Liability Company is:

Nav Tax, LLC

**ARTICLE II – Address:**

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

**Principal Office Address:**

1475C Collingswood Blvd.  
Port Charlotte, FL 33948

**Mailing Address:**

1475C Collingswood Blvd.  
Port Charlotte, FL 33948

**ARTICLE III – Registered Agent, Registered Office, & Registered Agent's Signature:**

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

Erik Wrinkle

Name

1475C Collingswood Blvd.

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

Port Charlotte, FL 33948

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..*

  
Registered Agent's Signature

(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

MGRM

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Name and Address:**

Erik Wrinkle  
1475C Collingswood Blvd  
Port Charlotte, FL 33948

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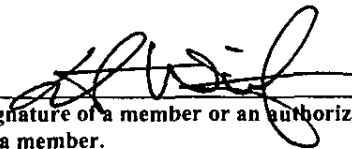
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10 FEB -8 PM 2:42  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

(Use attachment if necessary)

**NOTE: An additional article must be added if an effective date is requested.**

**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.)

Erik Wrinkle  
\_\_\_\_\_  
Typed or printed name of signer

**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)