

L10UUUUU17897

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

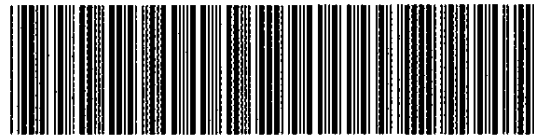
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800166078658

02/16/10--01011--023 **125.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 FEB 16 AM 9:35

B. KOHR

FEB 18 2010

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: NorthWestern International I, L.L.C.
Name of Limited Liability Company

FILED STATE
SECRETARY OF CORPORATIONS
10 FEB 16 AM 9:35

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

Please return all correspondence concerning this matter to the following:

STEVEN J. MIGLIORE

Name of Person

EVANS & LUPTAK, P.L.C.

Firm/Company

7457 FRANKLIN ROAD, SUITE 250

Address

BLOOMFIELD HILLS, MI 48301

City/State and Zip Code

smigliore@evansluptak.com

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

For further information concerning this matter, please call:

STEVE MIGLIORE

Name of Person

at (248)

539-2021

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:

NorthWestern International I, L.L.C.

(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:

2201 N.W. Corporate Blvd.
Suite 100
Boca Raton, FL 33431

2201 N.W. Corporate Blvd.
Suite 100
Boca Raton, FL 33431

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:

Harold Beznos

Name

2201 N.W. Corporate Blvd., Suite 100

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

Boca Raton FL 33431

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 (REQUIRED)

(CONTINUED)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 FEB 16 AM 9:35

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:

MGRM

Harold Beznos

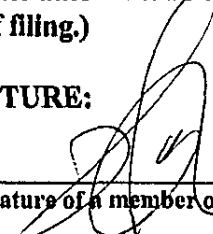
2201 N.W. Corporate Blvd., Suite 100

Boca Raton, FL 33431

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (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.)

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)**

Article V

No member, manager, managing member, or officer shall have any liability to the limited liability company or its members for money damages for any action taken or any failure to take action as a manager, managing member, or officer, except for liability for: (i) a violation of criminal law, unless the member, manager, managing member, or officer had no reasonable cause to believe such conduct was unlawful; (ii) a transaction from which the member, manager, managing member, or officer derived an improper personal benefit; (iii) in the case of a manager or managing member, a circumstance under which the liability provisions of Section 608.426 of the Florida Limited Liability Company Act are applicable; or (iv) willful misconduct or a conscious disregard for the best interests of the limited liability company in a proceeding by or in the right of the limited liability company to procure a judgment in its favor or in a proceeding by or in the right of a member.