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EXAMINER

2010 APR -8 PM 1: 45
SECRETARY OF STATE

COVER LETTER

TO: Registration Division of C			
SUBJECT: ND Inve	estment Properties, LL0		
	 	ed Liability Company	
The enclosed Articles	of Organization and fee(s) are	submitted for filing.	
Please return all corres	pondence concerning this matt	ter to the following:	
Matt Miller		,	
		Name of Person	
ND Investme	ent Properties, LLC		
		Firm/Company	
1520 Roval F	Palm Square Boulevard, S	suite 320	
		Address	
Fort Mvers. F	Florida 33919		
		y/State and Zip Code	· · ·
mmiller@nati	onal-development.com	or future annual report notification)	
For further information	concerning this matter, please	•	
Matt Miller		at (239) 275-8029	
Name	of Person	Area Code & Daytime Telep	phone Number
Enclosed is a check f	or 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 C Tallahassee, FL 32301	APR -8 ARETARY AHASSE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Compar	ny is:
ND Investment Properties, LLC	
	Liability Company, "L.L.C.," or "LLC.")
, , , , , , , , , , , , , , , , , , ,	, , , , , , , , , , , , , , , , , , , ,
ARTICLE II - Address:	
The mailing address and street address of t	the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1520 Royal Palm Square Boulevard	1520 Royal Palm Square Boulevard
Suite 320	Suite 320
Fort Myers, Florida 33919	Fort Myers, Florida 33919
The name and the Florida street address of Matthew D. Miller	the registered agent are:
1	Name
1520 Royal Palm Sq	uare Boulevard, Suite 320
Florida stre	eet address (P.O. Box NOT acceptable)
Fort Myers, Florida 339	19 FL
Ci	ty, State, and Zip
liability company at the place designate registered agent and agree to act in this castatutes relating to the proper and comple accept the obligations of my position as	ad to accept service of process for the above stated limited d in this certificate, I hereby accept the appointment as pacity. I further agree to comply with the provisions of all ete performance of my duties, and I am familiar with and registered agent as provided for in Chapter 608. S.S. Signature (REQUIRED)
(CC	ONTINUED)

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

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

Title:		Name and Address:		
"MGR" = Man	ager anaging Member			
MOKIVI – IVIS	anaging Member			
MGRM		Matthew D. Miller		
		1520 Royal Palm Square Boulevard, Suite 32	20	
		Fort Myers, Florida 33919		
				
				
				
				
				
(Use attachmen	it if necessary)			
A DOMESTICAL DOMESTIC	ti ica a a	1	(ODTIONIAL)	
		U	(OPTIONAL)	
to or 90 days after the		e specific and cannot be more than five be	usiness days p	orior
to or you ays after the	uate of fiffig.)			
REQUIRED S	IGNATURE:		2010 APR SECRET	
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	Moth M		7.15	رمينين جيلناني
		er or an authorized representative of a member.	SSE -8	
	_	<u>-</u>	E P	
	(In accordance with se of this document const	ection 608.408(3), Florida Statutes, the execution titutes an affirmation under the penalties of perjury	Car -	Ange of
	that the facts stated he		-8 PM 1: 45 RY OF STATE SSEE, FLORIDA	
	Matthew D. Miller		≫	
	Ty	yped 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)