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DIVISION OF CORPORATIONS

## **COVER LETTER**

то:	Registration S Division of Co			·
	SUBJECT: North Carolina Networking Group LLC  Name of Limited Liability Company			· · · · · ·
		Name of Link	ed Liability Company	
The en	closed Articles of	of Organization and fee(s) are	submitted for filing.	
Please	return all corresp	pondence concerning this mat	ter to the following:	
	Lucille Leedh	nam		
			Name of Person	
	North Carolin	a Networking Group LL		•
			Firm/Company	
	3048 Gypsy \$	Street		
			Address	
		:1.04004		
	Sarasota, Flo		ty/State and Zip Code	
	receivetheles	st@yahoo.com	y/outile and hip code	
	TOOSIVOUTODO		for future annual report notification)	
For fur	rther information	concerning this matter, please	e call:	
Lucille Leedham at ( 941 ) 374-1999				
Name of Person		Area Code & Daytime Tele	phone Number	
Enclo	sed 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	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:			
North Carolina Networking Group LLC			
(Must end with the words "Limited Liabi	ity Company, "L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street address of the property o	rincipal office of the Limited Liability Company is:		
Principal Office Address:	Mailing Address:		
3048 Gypsy Street	PO Box 17781		
Sarasota, FL 34231	Sarasota, FL 34276		
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)  The name and the Florida street address of the registration.	registered agent are:		
Lucille Leedham 🎃			
Name	<b>3</b>		
3048 Gypsy Street			
Florida street address (P.O. Box NOT acceptable)			
Sarasota,	FL 34231		
City, St	ate, 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)
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:

<u>Title:</u> "MGR" = Mar "MGRM" = M	nager lanaging Member	Name and Address:		
MGRM		Lucille Leedham		
	<del></del>	PO Box 17781		
		Sarasota, FL 34276		
<del></del>				
	<del></del>			
<del></del>	<del></del>			
ARTICLE V: Effective	listed, the date must be	date of filing: 4-2-2010 . (OPTIONAL) specific and cannot be more than five business days prior		
REQUIRED S	SIGNATURE:			
	Signature of a member	or an authorized representative of a member.		
		tion 608.408(3), Florida Statutes, the execution cutes an affirmation under the penalties of perjury cin are true.)		
	Lucille Leedham			

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)

Typed or printed name of signee