

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305)634-3694
Fax Number : (305)633-9696

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please ****

Email Address: _____

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10 APR 16 PM 3:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA LIMITED LIABILITY CO.
NDI SOLUTIONS, LLC.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 APR 16 AM 9:42

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APR 19 2010

Electronic Filing Menu

Corporate Filing Menu

EXAMINER

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ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I- Name:

The name of the Limited Liability Company is:

NDI SOLUTIONS, 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:

Noel D. Izquierdo
7935 SW 198TH Terrace
Cutler Bay, FL 33189

Noel D. Izquierdo
7935 SW 198TH Terrace
Cutler Bay, FL 33189

ARTICLE III- Registered Agent, Registered Office, & Registered Agent's Signature:
The name and the Florida street address of the registered agent are:

Jose I. Carrillo, Esq.

NAME

5820 Blue Lagoon Drive, Suite 125

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

Miami, Florida 33126

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 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, Florida Statutes.


Registered Agent's Signature

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(CONTINUED)

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

Title:

Name and address:

"MGR"= Manager

"MGRM"=Managing Member

MGR

Noel D. Izquierdo
7935 SW 198th Terrace
Cutler Bay, FL 33189

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).

NOEL D. IZQUIERDO

Typed or printed name of signee

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Register Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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