

Apr 20 00:02:38p

A1a Incorporation

1756752811

L10000042114

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H10000091290 3)))



H100000912903ABCW

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850) 617-6333

From: Account Name : CSH SERVICES, LLC
Account Number : I20070000160
Phone : (800) 494-3124
Fax Number : (561) 455-9835

FILED
2010 APR 20 AM 8:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Email Address: _____

FLORIDA LIMITED LIABILITY CO.
NPA, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

T. CLINE

APR 21 2010

EXAMINER

RECEIVED
10 APR 20 PM 4:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

#10000091290-3

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

In compliance with Chapter 608, F.S.

ARTICLE I NAME

The name of the Limited Liability Company is:

NPA, LLC

ARTICLE II ADDRESS

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

2349 S RIDGEWOOD AVENUE
EDGEWATER, FLORIDA 32141

**ARTICLE III REGISTERED AGENT, REGISTERED OFFICE &
REGISTERED AGENT SIGNATURE**

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

ASHWIN R PATEL
2349 S RIDGEWOOD AVENUE
EDGEWATER, FLORIDA 32141

Having been named as registered agent 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.

X A.R.P.

ASHWIN R PATEL / Registered Agent's signature

#10000091290-3

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2010 APR 20 AM 8:43

FILED

4-10000091290.3

PAGE 2 NPA, LLC

ARTICLE IV MANAGEMENT

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

ARTICLE V MEMBERS (optional)

MANAGING MEMBER
ASHWIN R PATEL
2349 S RIDGEWOOD AVENUE
EDGEWATER, FLORIDA 32141

2010 APR 20 AM 8:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

X A.R.P.

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.

ASHWIN R PATEL

4-10000091290.3.