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EXAMINER

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COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: NIMI LOGIS	STICS LLC			101/2
	Name of Limite	ed Liability Cor	npany	
				7,
The enclosed Articles of Org	ganization and fee(s) are s	submitted for fil	ing.	,
Please return all corresponde	ence concerning this matt	er to the follow	ing:	
Fatima M. Contel	า			
		Name of Person		
NIMI LOGISTICS	LLC			
		Firm/Company		
11523 Palm Brus	h Trl. #356			
10201 4111 5743	11 111. #330	Address		
Lakewood Ranch			······································	***************************************
		//State and Zip C	ode	
f_turay@hotmail.c	com E-mail address: (to be used f	or future annual r	enart natification	
			sport tionineation)	
For further information cond	erning this matter, please	call:		
Fatima M. Conteh		at (941	301-1627	
Name of Pe	rson		ode & Daytime Tel	
5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
Enclosed is a check for the	e following amount:			
	S130.00 Filing Fee & Certificate of Status	S155.00 Fi Certified (additional c	_	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
R D P.	Iailing Address egistration Section ivision of Corporations O. Box 6327 allahassee, FL 32314	Registr Division Clifton	Courier Address ation Section on of Corporation Building executive Center	is

Tallahassee, FL 32301

Nimi Logistics LLC 11523 Palm Brush Trail #356 Lakewood Ranch, FL 34202

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE; Nimi Logistics LLC.

Dear Sir/Madam,

The enclosed Articles of Organizations and Fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following:

Fatima M. Conteh Nimi Logistics LLC. 11523 Palm Brush Trail #356 Lakewood Ranch, FL 34202

E-mail: f turay@hotmail.com

For further information concerning this matter, please call: Fatima Conteh at (941) 301-1627

Enclosed is a check for the filing fee of \$160.00 for Certificate of Status and a Certified Copy (additional copy enclosed).

Thank you Kindly,

Fatima M. Conteh

Enclosures: Articles of Organization For Florida Limited Liability Company (2 copies)
Check: \$160.00

10 May 12 PM W. 33

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPAN **ARTICLE I - Name:** The name of the Limited Liability Company is: NIMI LOGISTICS LLC (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: 6338 Yellowtop Drive 11523 Palm Brush Trail #356 Lakewood Ranch, FL 34202 Lakewood Ranch, FL 34202 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: Fatima M. Conteh Name 6338 Yellowtop Drive

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..

City, State, and Zip

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

FL 34202

Registered Agent's Signature (REQUIRED)

Lakewood Ranch

(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>	Name and Address:
"MGR" = Manager "MGRM" = Managing Men	nber
MGR	Fatima M. Conteh
	6338 Yellowtop Drive
	Lakewood Ranch, FL 34202
MGRM	Mustapha B. Turay Jr.
	8986 W. Flagler Street. #2
	Miami, FL 33174
	- Company of the Comp
-	
(Use attachment if necessary	w)
(Ose attachment if necessar)	y)
ICLE V: Effective date, if othe effective date is listed, the date 90 days after the date of filing	er than the date of filing: (OPTIONAL) te must be specific and cannot be more than five business days prior (.)
REQUIRED SIGNATURE	E:
Signature o	of a member or an authorized representative of a member.
(In accordan	nce with caption 609 409(2). Floride Statutes, the evenution

FATIMA M. CONTEH

Typed or printed name of signee

of this document constitutes an affirmation under the penalties of perjury

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

that the facts stated herein are true.)

\$ 5.00 Certificate of Status (Optional)