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.

Electronic Filing Cover Sheet

(((H10000129265 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this L. SELLERS

JUN -4 2010

EXAMINER page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : HAILE, SHAW & PFAFFENBERGER, P.A

Account Number: 076326003550

: (561)627-8100

Phone Fax Number

: (561)622-7603

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

DWhitmize (Haile Shaw com

FLORIDA LIMITED LIABILITY CO. NIVEL, LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

£ 5:

FAN: H10-129265

ARTICLES OF ORGANIZATION FOR	R FLORIDA LIMITED LIABI	LITY COMPANY
ARTICLE I - Name: The name of the Limited Liability Compan	v is:	
	y	
NIVEL, 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	he principal office of the Limited	Liability Company is:
Principal Office Address:	Mailing Address:	•
660 U.S. Highway One, Third Floor	660 U.S. Highway One, Third Floor	
North Palm Beach, FL 33408	North Palm Beach, FL 33408	
	Jr., Esquire	
660 U.S. Highway On		
	et address (P.O. Box <u>NOT</u> acceptable)	
North Palm Beach	FL 33408	
Having been named as registered agent and liability company at the place designated registered agent and agree to act in this cap statutes relating to the proper and complet accept the obligations of my position as	I in this certificate, I hereby accept pacity. I further agree to comply with te performance of my duties, and I	the appointment as ith the provisions of all am familiar with and
(CO)	Englure (REQUIRED) NTINUED) age 1 of 2	TALLAHASSEE

PAN: H10-129265

FAN: H10-129265

<u>Fitle:</u> 'MGR" = Managor 'MGRM" = Managing Member	Name and Address:
MGR	Drennen L. Whitmire, Jr.
•	660 U.S. Highway One, Third Floor
	North Palm Beach, FL 33406
	· · · · · · · · · · · · · · · · · · ·
	
EV: Effective date, if other than the	e date of filing: (OPTIO
fective date is listed, the date must l days after the date of filing.)	e date of filing: (OPTIO be specific and cannot be more than five business o
EV: Effective date, if other than the fective date is listed, the date must I days after the date of filing.) REQUIRED SIGNATURE:	e date of filing: (OPTIO
EV: Effective date, if other than the fective date is listed, the date must I days after the date of filing.) REQUIRED SIGNATURE:	be specific and cannot be more than five business of the specific and cannot be more than the specific and cannot be more than five business of the specific and cannot be more than the specifi
LE V: Effective date, if other than the fective date is listed, the date must I days after the date of filing.) REQUIRED SIGNATURE: Signature of a memb	be specific and cannot be more than five business of the specific and cannot be more than five business of the specific and cannot be more than five business of a member. Section 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury
LE V: Effective date, if other than the fective date is listed, the date must I days after the date of filing.) REQUIRED SIGNATURE: Signature of a memb (In accordance with see of this document constant the facts stated be Drennen L. Whitmire	ner or an authorized representative of a member. section 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penaltics of perjury brein are true.)

Page 2 of 2