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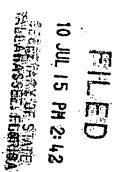
(Re	equestor's Name)	
(Ad	dress)	<u>,</u>
. (Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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D. BRUCE

JUL 16 2010

EXAMINER

COVER LETTER

TO: Registration Division o	on Section f Corporations						
SUBJECT: Nite:	sco Partners, LLC Name of Limit	ted Liability Con	прапу				
The enclosed Articl	es of Organization and fee(s) are	submitted for fil	ing.				
Please return all cor	respondence concerning this mat	ter to the followi	ng:				
Pam Per	eda						
		Name of Person					
Nitesco F	Partners, LLC						
		Firm/Company					
4382 Am	ber Valley Drive				Sica		·
		Address			HAT.	اللا	H _e e
Tallahass	see, Florida 32312				- T	<u>-</u> 5	7
		ty/State and Zip Co	ode			3	Ī
ppereda@	Dgmail.com E-mail address: (to be used	for future enguel r	anost notification)			- 10	
For further informat	ion concerning this matter, pleas		sport nounication)			53 1.	
Pam Pereda		at (850	₁ 321-7494	ļ			
N	ame of Person		ode & Daytime Tele		r		
Enclosed is a chec	k for the following amount:						
□\$125.00 Filing Fe	Certificate of Status	Certified C	_	\$160.00 F Certificate Certified (additional)	e of Star Copy	tus &	
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registr Division Clifton 2661 E	Courier Address ation Section on of Corporations Building executive Center Cassee, FL 32301				

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Compar	ny is:	
Nitesco Partners, LLC		
(Must end with the words "Limited	d Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
The mailing address and street address of t	the principal office of the Limited Liability Compar	ny is:
Principal Office Address:	Mailing Address:	
4382 Amber Valley Drive	4382 Amber Valley Drive	
Tallahassee, Florida 32312	Tallahassee, Florida 32312	
	stered Office, & Registered Agent's Signatures in Registered Agent. You must designate an individual or another of the registered agent are:	
Name		
4382 Amber Valley Drive		
Florida stre	eet address (P.O. Box NOT acceptable)	
Tallahassee, Florida	32312 FL	
C	City, State, and Zip	
Having been named as registered agent ar	nd to accept service of process for the above stated lin	nited

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:

Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
MGRM	Rodolfo D. Pereda
	4382 Amber Valley Drive
	Tallahassee, Fłorida 32312
with the same of t	
•	
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than t	he date of filing: (OPTIONAL)
	be specific and cannot be more than five business days prio
REQUIRED SIGNATURE:	We
Rodol	to Dende III
Signature of a mem	ber or an authorized representative of a member
	section 608.408(3), Florida Statutes, the execution institutes an affirmation under the penalties of perjury.
Rodolfo D. Pere	eda 🎜 🕏
	Typed or printed name of signee

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)