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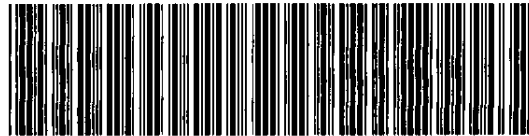
Special Instructions to Filing Officer:

A. LUNT

SEP - 7 2010

EXAMINER

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2010 SEP - 3 PM 2:31  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

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September 2, 2010

**VIA FEDEX**

Florida Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**Re: Articles of Organization of NJNMT, LLC**

Dear Sir or Madam:

I am enclosing for filing with your office original executed articles of organization for **NJNMT, LLC**. Our firm's check in the amount of \$125.00 is also enclosed for the filing fee.

Please return the filed stamped evidence of the filed and accepted articles to my attention in the enclosed self-addressed stamped envelope.

If you have any questions, please feel free to call me at (804) 783-7561 or email me at [lynn.hayes@leclairryan.com](mailto:lynn.hayes@leclairryan.com). Thank you for your assistance in this matter.

Sincerely,

P. Lynn Hayes  
Paralegal

Enclosures  
7330323

E-mail: [lynn.hayes@leclairryan.com](mailto:lynn.hayes@leclairryan.com)  
Direct Phone: 804.783.7561  
Direct Fax: 804.783.2294

951 East Byrd Street, Eighth Floor  
Richmond, Virginia 23219  
Phone: 804.783.2003 \ Fax: 804.783.2294

CALIFORNIA \ MASSACHUSETTS \ MICHIGAN \ NEW JERSEY \ NEW YORK \ PENNSYLVANIA \ VIRGINIA \ WASHINGTON, D.C.

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TALLAHASSEE, FLORIDA

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: NJNAMT, LLC**

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lynn Hayes, Paralegal

Name of Person

LeClairRyan, A Professional Corporation

Firm/Company

951 East Byrd Street, 8th Floor

Address

Richmond, VA 23219

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lynn Hayes, Paralegal

Name of Person

at ( 804 ) 783-7561

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee      ☐ \$130.00 Filing Fee & Certificate of Status      ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)      ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**Mailing Address**

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

**Street/Courier Address**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

NJNAMT, 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:

14710 Seminole Trail

Seminole, FL 33776

### Mailing Address:

14710 Seminole Trail

Seminole, FL 33776

## 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:

Scott D. Sacchi

Name

10611 Frances Lane

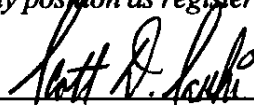
Florida street address (P.O. Box **NOT** ACCEPTABLE)

Largo, FL 33774

City, State, and Zip

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TALLAHASSEE, FLORIDA

*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)

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

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

Stefan Peter Moeri  
43133 Coveseide Circle #1707  
Novi, MI 48375

MGRM

Sean David Perkins  
325 N. 8<sup>th</sup> Street  
Kalamazoo, MI 49009

MGR

Scott D. Sacchi  
10611 Frances Lane  
Largo, FL 33774

MGRM

Matthew Tucker  
2614 Hanover Avenue  
Richmond, VA 23220

**ARTICLE V:** Effective date, if other than the date of filing: Aug. 31, 2010. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**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.)

Stefan Peter Moeri

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)**

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CLERK OF DISTRICT COURT  
TALLAHASSEE, FLORIDA