

LIUUUU127273

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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DEPT. TREAS. & STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

B. KOHR  
DEC 13 2010  
EXAMINER

FILED  
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DIVISION OF CORPORATIONS  
10 DEC 13 PM 12:49



CORPORATION SERVICE COMPANY

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SECRETARY OF STATE  
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10 DEC 13 PM 12:49

ACCOUNT NO. : I20000000195

REFERENCE : 596315 4305390

AUTHORIZATION *[Signature]*

COST LIMIT : \$ 125.00

ORDER DATE : December 2, 2010

ORDER TIME : 4:50 PM

ORDER NO. : 596315-010

CUSTOMER NO: 4305390

DOMESTIC FILING

NAME: NLTLK, LLC

EFFECTIVE DATE:

\_\_\_\_ ARTICLES OF INCORPORATION  
\_\_\_\_ CERTIFICATE OF LIMITED PARTNERSHIP  
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFIED COPY  
XX PLAIN STAMPED COPY  
\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Doreen Wallace - EXT. 2928

EXAMINER'S INITIALS: \_\_\_\_\_

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name:**

The name of the Limited Liability Company is:

NLTLLK, 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:**500 South East 5th Avenue, 1102-S  
Boca Raton, Florida 33432**Mailing Address:**500 South East 5th Avenue, 1102-S  
Boca Raton, Florida 33432**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:

Michael Pomerantz

Name

500 South East 5th Avenue, 1102-SFlorida street address (P.O. Box **NOT** acceptable)Boca RatonFL 33432

City, State, and Zip

*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..*

Michael Pomerantz

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

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

**Title:**

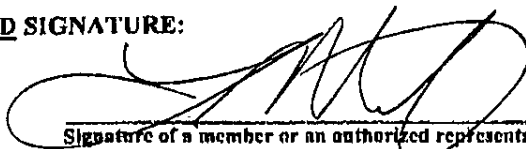
"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**MGRNicole Lowinter49 Kitchell RoadMt. Kisco, NY 10549MGRLara Pomerantz400 E. 66th StreetNew York, NY 10065

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Leopoldo Matarazzo, Esq., Authorized Representative

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)