

Division of Corporations

Page 1 of 1

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**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.

(((H10000276184 3)))



H100002761843ABC5

**Note: DO NOT** hit the REFRESH/RELOAD button on your browser from this page.  
Doing so will generate another cover sheet.

## To:

Division of Corporations  
Fax Number : (850) 617-6383

## From:

Account Name : HENDERSON, FRANKLIN, STARNES & HOLT, P.A.  
Account Number : 075410002172  
Phone : (239) 344-1100  
Fax Number : (239) 344-1200

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

Email Address: \_\_\_\_\_

FLORIDA LIMITED LIABILITY CO.  
NFE DISTRIBUTING COMPANY, LLC

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

RECEIVED

10 DEC 27 PM 12:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDASECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10 DEC 27 AM 8:17

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

J. BRYAN

DEC 28 2010

EXAMINER

12/27/10

FAX AUDIT NO.: H10000276184 3

**ARTICLES OF ORGANIZATION  
OF  
NFE DISTRIBUTING COMPANY, LLC**

**ARTICLE I-NAME**

The name of the limited liability company shall be NFE DISTRIBUTING COMPANY, LLC (the "Company").

**ARTICLE II-MAILING AND STREET ADDRESS**

The mailing and street address of the principal office of the Company is:

11014 Sailbrooke Drive  
Riverview, Florida 33579

**ARTICLE III-EFFECTIVE DATE**

This limited liability company's existence shall commence upon the filing of these Articles and shall terminate as provided for in the Operating Agreement.

**ARTICLE IV-INITIAL REGISTERED AGENT AND OFFICE**

The name and street address of the initial registered agent of the Company is:


**Name**

**Address**

THOMAS P. CLARK

1715 Monroe Street  
Fort Myers, Florida 33901

The undersigned, being an authorized representative of the Members of the Company, has executed these Articles of Organization this 27<sup>th</sup> day of December, 2010.



THOMAS P. CLARK  
Authorized Representative

FAX AUDIT NO.: H10000276184 3

FILED  
10 DEC 27 AM 8:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FAX AUDIT NO.: H10000276184 3

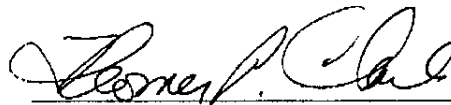
**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: NFE DISTRIBUTING COMPANY, LLC.
2. The name and address of the registered agent and office is:

Thomas P. Clark  
1715 Monroe Street  
Fort Myers, Florida 33901

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.



THOMAS P. CLARK, Registered Agent

FILED  
10 DEC 27 AM 8:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FAX AUDIT NO.: H10000276184 3