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SECRETARY OF STALE
DIVISION OF CORPORATIONS

COVER LETTER

TO: Registration S Division of Co			
_{SUBJECT:} Nasce	ent Capital Manag	ement, LLC	
SUBJECT:		d Liability Company	
The enclosed Articles of	f Organization and fee(s) are so	ubmitted for filing.	
Please return all corresp	ondence concerning this matte	er to the following:	
Jeff Koub	oa		
		Name of Person	
		Firm/Company	
404.0-6		Firm Company	
401 Son 3	Shadow Lane	Address	
Debary Flo	orida 32713		
Dobary, r k		/State and Zip Code	
jeff_kouba@	yahoo.com		
	E-mail address: (to be used fo	r future annual report notification)	
For further information	concerning this matter, please	call:	
Jeff Kouba		at (407) 739-8622	
Name	of Person	Area Code & Daytime Telephone Number	
Enclosed is a check for	or the following amount:		
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & \$160.00 Filing Fee Certified Copy (additional copy is enclosed) \$160.00 Filing Fee Certified Copy (additional copy is en	us &
	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	
	30 m.	Control of the Contro	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Compar	iy is:	
Nascent Capital Managem	ent, LLC	
(Must end with the words "Limited	Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
The mailing address and street address of t	the principal office of the Limited Liabili	ty Company is:
Principal Office Address:	Mailing Address:	
401 Soft Shadow Lane Debary, Florida 32713	401 Soft Shadow Lane Debary, Florida 32713	
ARTICLE III - Registered Agent, Regis (The Limited Liability Company cannot serve as its own business entity with an active Florida registration.)		
The name and the Florida street address of	the registered agent are:	SEC IVISIO
Jeff Kouba		EB - OR OR
1	Name	T CO
401 Soft Shad	low Lane	₹ स्र्रेट्रि
Florida stre	eet address (P.O. Box NOT acceptable)	6 3 3 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
Debary	ы 32713	5

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.

City, State, and Zip

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:

"MGR" = Manager "MGRM" = Managing Member	Name and Address:	
MGR	Jeff Kouba	
WOT.	401 Soft Shadow Lane	
	Debary, Florida 32713	
		
	No. 2011 - 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	

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(11		
(Use attachment if necessary)		
•	te date of filing: (OPTION	NAL)
CLE V: Effective date, if other than the effective date is listed, the date must l	te date of filing: (OPTION be specific and cannot be more than five business d	NAL) lays prior
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CLE V: Effective date, if other than the effective date is listed, the date must led days after the date of filing.) REQUIRED SIGNATURE: Signature of a member o	be specific and cannot be more than five business deforman authorized representative of a member. 28.408(3), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true.	lays prior DIVISION O
CLE V: Effective date, if other than the effective date is listed, the date must led days after the date of filing.) REQUIRED SIGNATURE: Signature of a member of a member of the constitutes an affirmation undil am aware that any false information.	be specific and cannot be more than five business d	lays prior

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)