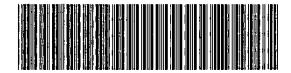
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SECRETARY OF STATE
DIVISION OF CORPORATIONS

T. HAMPTON

APR 1 9 2011

EXAMINER

COVER LETTER

	on Section f Corporations			
SUBJECT: NS	BFREE			
	Name of Limit	ed Liability Comp	any	
The enclosed Artic	les of Organization and fee(s) are	submitted for filing	g.	
Please return all co	rrespondence concerning this mat	ter to the following	3 :	
Leslie	Long			
		Name of Person		
NSBFI	REE			
•		Firm/Company		
206 Du	ue East Avenue			
		Address		
New Sm	nyrna Beach, Florida :	32169		
		ty/State and Zip Code	e	
nsbfree(Dgmail.com E-mail address: (to be used	for future annual ren	ort notification	
For further informa	tion concerning this matter, pleas	_	on nonneanony	
	, , ,			
Leslie Long		_at (407	325-930°	
N	ame of Person	Area Code	e & Daytime Te	elephone Number
Enclosed is a che	ck for the following amount:			
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filin Certified Co (additional cop	ру	\$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	Registrat Division Clifton E 2661 Exc	ourier Addression Section of Corporatio Building ecutive Center see, FL 32301	ns · Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Δ	RTI	CT	\mathbf{F}	T _	No	me
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The name of the Limited Liability Company is:

NSBFREE 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:

Mailing Address:

206 Due East Avenue

New Smyrna Beach, Florida 32169

206 Due East Avenue New Smyrna Beach, Florida 32169

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:

Leslie Long

Name

206 Due East Avenue

Florida street address (P.O. Box NOT acceptable)

New Smyrna Beach

ach FL 32169 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.,

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:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Memb	Name and Address:
MGR	Leslie Long
	206 Due East Avenue
	New Smyrna Beach, Fl 32169
MGRM	Steven VIscardi
	206 Due East Avenue
	New Smyrna Beach, FL 32169
	
(Use attachment if necessary)	
CIRV. Effective date if other	than the date of filing: (OPTIONAL
effective date is listed, the date	must be specific and cannot be more than five business days
90 days after the date of filing.)	
REQUIRED SIGNATURE:	

(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.)

> Leslie Long 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)