

L110000061190

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

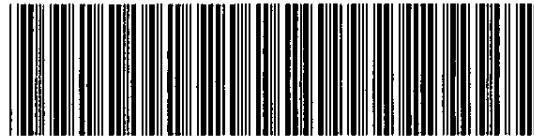
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B. KOHR

MAY 25 2011

EXAMINER



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05/25/11--01001--017 \*\*155.00

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11 MAY 24 PM 4:36

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED  
SECRETARY OF STATE  
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11 MAY 24 AM 9:18

CORPDIRECT AGENTS, INC. (formerly CCRS)  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301  
222-1173

**FILING COVER SHEET**  
**ACCT. #FCA-14**

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 MAY 24 AM 9:18

**CONTACT:** RICKY SOTO

**DATE:** 05/24/2011

**REF. #:** 000466.148586

**CORP. NAME:** YORK NEB MANAGEMENT, LLC

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION   | <input type="checkbox"/> ARTICLES OF AMENDMENT  | <input type="checkbox"/> ARTICLES OF DISSOLUTION      |
| <input type="checkbox"/> ANNUAL REPORT               | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME              |
| <input type="checkbox"/> FOREIGN QUALIFICATION       | <input type="checkbox"/> LIMITED PARTNERSHIP    | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT               | <input type="checkbox"/> MERGER                 | <input type="checkbox"/> WITHDRAWAL                   |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION |   |   |
| <input type="checkbox"/> OTHER:                      |   |   |

**STATE FEES PREPAID WITH CHECK#** 539918 **FOR \$** 155.00

**AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:**

\_\_\_\_\_ **COST LIMIT: \$** \_\_\_\_\_

**PLEASE RETURN:**

- ☒ CERTIFIED COPY      ☐ CERTIFICATE OF GOOD STANDING      ☐ PLAIN STAMPED COPY  
☐ CERTIFICATE OF STATUS

Examiner's Initials

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SECRETARY OF CORPORATIONS  
11 MAY 24 AM 9:18

ARTICLES OF ORGANIZATION  
OF  
YORK NEB MANAGEMENT, LLC

**ARTICLE I. Name:** The name of the Limited Liability Company is YORK NEB MANAGEMENT, LLC (the "Company").

**ARTICLE II. Address:** The mailing address of the principal office of the Company is 406 West Hillsboro Boulevard, Deerfield Beach, FL 33441. The street address of the principal office of the Company is 406 West Hillsboro Boulevard, Deerfield Beach, FL 33441.

**ARTICLE III. Registered Agent, Registered Office & Registered Agent's Signature:** The name and the Florida street address of the Company's registered agent are:

NRAI Services, Inc.  
515 East Park Avenue  
Tallahassee, FL 32301

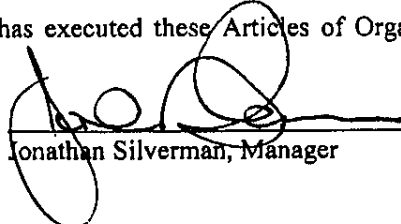
*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all 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 in Chapter 608, Florida Statutes.*

NRAI Services, Inc.  
By:  Michele Holden,  
Asst. Secretary

**ARTICLE IV. Management:** The Company is to be managed by one or more managers and is, therefore, a manager-managed company. The names and addresses of the initial manager is:

Jonathan Silverman  
406 West Hillsboro Boulevard  
Deerfield Beach, FL 33441

IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization this 24th day of May, 2011.

  
Jonathan Silverman, Manager

(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.)