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**EXAMINER** 



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**ENTITY NAME:** 

EXCLUSIVE NATIONAL DISTRIBUTORS, LLC

CK# 5377 FOR \$125.00

PLEASE FILE THE ATTACHED ARTICLES & RETURN THE FOLLOWING:

\_\_ CERTIFIED COPY

XXX STAMPED COPY

\_\_\_ CERTIFICATE OF STATUS

Examiner's Initials

## **COVER LETTER**

Division of Con						
SUBJECT: Exclusive	National Distributors, L.I	L.C.				
	(Name of Lim		ty Compa	any)		
The enclosed Articles of	Organization and fee(s) an	e submitted	for filing	<b>g</b> .		·
Please return all correspo	endence concerning this ma	atter to the i	following	:		
Peter F. Sousa						
		(Name of	Person)			
NRAI Corporate	Services, LLC					
		(Firm/Con	npany)			
10100 West Sai	mple Road, Suite 101					
		(Addre	<b>SS</b> )			
Coral Springs, F	FL 33065					
	(Ci	ity/State and	Zip Code)	)		
For further information or	oncerning this matter, pleas	se call:				
Peter F. Sousa		at (_ <u>954</u>		318-2787		
(Name o	f Person)	(,	Area Code	& Daytime	Tele	phone Number)
Enclosed is a check for	the following amount:					
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certi	00 Filing fied Cop onal copy			\$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	R D C 2	tegistratio Division o Llifton Bu 1661 Exec	f Corporat	ions er Ci	rcle

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY **ARTICLE I - Name:** The name of the Limited Liability Company is: Exclusive National Distributors, L.L.C. (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:** 5959 N.W. 37th Avenue, Miami FL. 33142 5959 N.W. 37th Avenue, Miaml FL. 33142 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: NRAI Services, Inc. Name 515 East Park Avenue Florida street address (P.O. Box NOT acceptable) Tallahassee 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

NRAI Services, Inc.

By: Peter J Juga, Aut Ser

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.

(CONTINUED)
Page 1 of 2

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
MGRM	Andrew Klein
	23 Hathaway Lane
	Manhasset NY 11030
MGRM C	Adam Schelberg
	29 Cow lane
11	Kings Point, NY 11024
MRGM /	Jonathan Newfield
1	One Bay Club Drive, Apt 18S
1	Bayside, NY 11360
•	
LE V: Effective date, if other than fective date is listed, the date mus days after the date of filing.)	the date of filing: (OPTIONA st be specific and cannot be more than five business day
LE V: Effective date, if other than ffective date is listed, the date mus days after the date of filing.)  REQUIRED SIGNATURE:	st be specific and cannot be more than five business day
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LE V: Effective date, if other than fective date is listed, the date must days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a men (In accordance with of this document co	st be specific and cannot be more than five business day
LE V: Effective date, if other than fective date is listed, the date must days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a mere (In accordance with of this document of that the facts state	mber or an authorized representative of a member.  h section 608.408(3), Florida Statutes, the execution constitutes an affirmation under the penalties of perjury
days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a mea  (In accordance with of this document of that the facts state	mber or an authorized representative of a member.  th section 608.408(3), Florida Statutes, the execution constitutes an affirmation under the penalties of perjury and herein are true.)