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SECRETARY OF STATE
ALLAHASSEF FLORIE

D. BRUCE

NOV 2 1 2011

**EXAMINER** 

## **COVER LETTER**

· TO:

Registration Section

Division of Corpora	ilty and Mana	ae	ment I	C				
SUBJECT: INVVE REA	Name of Limite					-		
The enclosed Articles of Organ	nization and fee(s) are s	ubn	nitted for filin	<b>3</b> .				
Please return all correspondent	ce concerning this matte	er to	the following	:				
Jonathan Bro				· · · · · · · · · · · · · · · · · · ·			_	
		Nan	ne of Person					
<del></del>		Fire	п/Сотрапу					
343 Sailfish E	)r.					i		
			Address				- <del>-</del> -	megang
Destin, FI, 3254					<u>.</u>	HAN	- VO	
admin@nwfmana	•	/Sta	te and Zip Code	•		RY O	09 PH 114	
E-n For further information concer	nail address: (to be used fo		·	ort notification	)	FLORID	H 5: 29	Ö
Jonathan Browning		at (	405	306-761		<b>⊅</b>		
Name of Perso	n		Area Code	& Daytime T	elephone Number			
Enclosed is a check for the f	following amount:							
_	0.00 Filing Fee & rtificate of Status		\$155.00 Filir Certified Co (additional cop	ру	S160.00 Filing Certificate of Certified Copy (additional copy	Status & y		
Reg Div P.O.	iling Address istration Section ision of Corporations Box 6327 ahassee, FL 32314		Registrati Division Clifton B 2661 Exe	ourier Addression Section of Corporatiuilding cutive Center, FL 3230	ons er Circle			

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

NWF Realty and Management	· II C		
(Must end with the words "Limited Liabilit	<u> </u>	<del>_</del>	
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability	Company is:	
Principal Office Address:	Mailing Address:		
Sherry Barrows 103 Mooney Rd. Ft. Walton Beach, FL, 32547	Jonathan Browning 343 Sailfish Dr. Destin, FL, 32541		
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)  The name and the Florida street address of the re  Jonathan Browning  Name  343 Sailfish Dr.	ered Agent. You must designate an individual or egistered agent are:	11 NOV 18 PH BECRETARY OF ALLAHASSEE, F	וווי
Destin	ress (P.O. Box <u>NOT</u> acceptable)  FL 32541  te, and Zip	5: 29 STATE LORIDA	C
Having been named as registered agent and to acliability company at the place designated in the registered agent and agree to act in this capacity. statutes relating to the proper and complete per accept the obligations of my position as regist Registered Agent's Signature.	nis certificate, I hereby accept the appo I further agree to comply with the proformance of my duties, and I am familitered agent as provided for in Chapter	ointment as rovisions of all liar with and	

Page 1 of 2

(CONTINUED)

## ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
MGR	Jonathan Browning 343 Sailfish Dr. Destin, FL, 32541
	SECRETALLAHA
	SSEE. F
(Use attachment if necessary)	5: 29
	e date of filing: (OPTIONAL)  se specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	Injury!  or or an authorized representative of a member.
(In accordance with section 608 constitutes an affirmation unde I am aware that any false information to the constitutes are the constitutes and the constitutes are t	8.408(3), Florida Statutes, the execution of this document of the penalties of perjury that the facts stated herein are true, mation submitted in a document to the Department of State y as provided for in s.817.155, F.S.)
Jonathan 13	Producting ped or printed name of signee
Filing Fees:	
C125 00 Filing For for Anti-log of Orga	

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)