L12000013773

(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies _ Certificates of Status _ Special Instructions to Filing Officer:





400219357924

01/27/12--01014--028 **125.00

12 Jan 27 Mills 43

B. BOSTICK

IJAN 3 0 2012

EXAMINER

RICKEY L. FARRELL, ATTORNEY AT LAW, P.A.

1595 SE PORT ST. LUCIE BOULEVARD PORT ST. LUCIE, FLORIDA 34952 (772) 335-5455 (772) 335-2503 FAX

January 26, 2012

Department of State **Division of Corporations**409 E. Gaines Street

Tallahassee, Florida 32399

RE: NCD Sisters, LLC

Dear Sir or Madam:

Enclosed herewith are an original and one copy of the Articles of Organization and acceptance by Registered Agent for the above-referenced new limited liability company. Please file the originals in your offices and certify and return to us a certified copy.

I am enclosing a check in the amount of \$125.00, which covers the filing and registered agent designation fees. Thank you for your assistance in this matter.

Sincerely,

Tiffany N. Gonsalves, CLA FRE

Certified Paralegal

Enc.

ARTICLES OF ORGANIZATION

OF

NCD SISTERS, LLC.

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, Chapter 608.407, Florida Statutes, hereby make, acknowledge, and file the following Articles of Organization:

ARTICLE I - NAME

The name of this limited liability company is NCD Sisters, LLC.

ARTICLE II - DURATION

This limited liability company shall have perpetual existence commencing on the date of this filing of these Articles with the Department of State.

ARTICLE III - ADDRESS

The street address of the principal office and the mailing address of the Company shall be 522 NW Sagamore Terrace, Port St. Lucie, Florida 34983.

ARTICLE IV - MANAGEMENT

Management of the Company shall be reserved to the Member(s). The Managing Member of the Company shall be Nancy Cartee. The Member(s) of the Company are as follows:

Nancy Cartee	Carol Webb	Diane Eibl
522 NW Sagamore Terrace	501 SE Capon Terrace	2405 Oak Drive
Port St. Lucie, FL 34983	Port St. Lucie, FL 34983	Ft. Pierce, FL 34949

ARTICLE V – ADDITIONAL MEMBERS

Members shall have the right to admit additional members from time to time on such terms and conditions as the Members shall deem advisable and acceptable.

ARTICLE VI -SURVIVORSHIP

In the event any Member or Members shall die, resign, retire, be expelled, be adjudicated bankrupt, or upon the occurrence of any other event which terminates the continued membership of a Member in the Company, the remaining Members shall have the right to continue the business.

ARTICLE VI - REGISTERED AGENT

The street address of the initial registered agent of the Company is Rickey L. Farrell, Esquire, 1595 S.E. Port St. Lucie Boulevard, Port St. Lucie, Florida 34952.

Nancy Cartee, Incorporator

STATE OF FLORIDA COUNTY OF ST. LUCIE

BEFORE ME, a Notary Public authorized to take acknowledgments in the State and County set forth above, personally appeared Nancy Cartee, who has produced <u>In Acc</u> as identification or who is personally known to me and who executed the foregoing Articles of Organization, and she acknowledged before me that she executed the Articles of Organization.

IN WITNESS WHEREOF, I have set my hand and seal in the State and County above, this day of January, 2012.

(SEAL)

TIFFANY N. GONSALVES
Commission # EE 141110
Expires November 7, 2015
Borded This Tray Fain Insurance 800-365-7019

Notary Public State of Florida at Large

Printed Signature: Tiffang M. Consolves

My Commission No:

My Commission Expires:

12 JAN 27 ANNI: 44

ACCEPTANCE BY REGISTERED AGENT

Having been named as Registered Agent to accept service of process for the above named company, at the place designated in this certificate, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper performance of my duties. I am familiar with and accept the obligations of such position.

PICKEY L. FARRELL, ESQUIRE

Registered Agent

STATE OF FLORIDA COUNTY OF ST. LUCIE

BEFORE ME, a Notary Public authorized to take acknowledgments in the State and County set forth above, personally appeared Rickey L. Farrell, who has produced ______ as identification or who is personally known to me and who executed the foregoing Articles of Organization, and he acknowledged before me that he executed the Articles of Organization.

IN WITNESS WHEREOF, I have set my hand and seal in the State and County above, this 25 day of January, 2012.

(SEAL)

TIFFANY N. GONSALVES Commission # EE 141110 Expires November 7, 2015 Bonded Tire Tray Fein Insurance 800-385-7019 Notary Public State of Florida at Large

Printed Signature: 11- Ffam A. Gonsalves

My Commission No:

My Commission Expires: