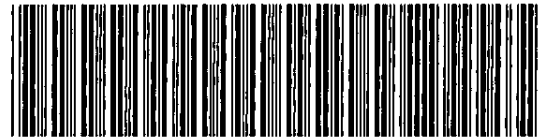


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04/02/12--01015--002 **125.00

(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:

Office Use Only

G. MCLEOD
APR - 3 2012
EXAMINER

RECEIVED
DEPARTMENT OF STATE
12 APR - 2 AM 11: 19

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
12 APR - 2 AM 11: 15

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

FILING COVER SHEET
ACCT. #FCA-14

CONTACT: Kim Weidenbach

DATE: 04/02/12

REF. #: 000150.164337

CORP. NAME: 1650 NMC, 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# 543890 FOR \$ 125.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ COST LIMIT: \$ _____

PLEASE RETURN:

- | | | |
|--|---|--|
| <input type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input checked="" type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS | | |

Examiner's Initials

ARTICLES OF ORGANIZATION
OF
1650 NMC, LLC

FILED
12 APR -2 AM 11:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - Name

The name of the Limited Liability Company is 1650 NMC, LLC (the "Company").


ARTICLE II - Address

The mailing address and street address of the principal office of the Company is 888 Biscayne Blvd., Suite 100, Miami, Fl 33132.

ARTICLE III - Registered Agent and Office

The street address of the Company's initial registered office is 888 Biscayne Blvd., Suite 100, Miami, Fl 33132, and the name of its initial registered agent at such office is Avra Jain.

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. Dated this 30 day of March, 2012.



Avra Jain, Authorized Signor

ARTICLE IV - Management

The Company is to be a manager managed company and the names and addresses of such managers are:

Avra Jain, 888 Biscayne Blvd., Suite 100, Miami, Fl 33132

and

Joseph Del Vecchio, 888 Biscayne Blvd., Suite 100, Miami, Fl 33132

ACCEPTANCE OF APPOINTMENT OF REGISTERED AGENT

The undersigned, having been named as Registered Agent and to accept service of process for the above stated limited liability company at the place designated in these Articles of Organization, the undersigned hereby accepts the appointment as registered agent and agrees to act in this capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of its duties, and is familiar with and accepts the obligations of its position as registered agent as provided for in Florida Statutes Chapter 608. Dated this 30 day of March, 2012.



Avra Jain
Registered Agent