# #L1200045559

(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:			
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FILED 12 APR -2 AM 10: 59 SECRETARY OF STATE SECRETARY OF STATE

K.SALY EXAMINER APR 3 2012

# **COVER LETTER**

то:	Registration Section Division of Corporations		
SUBJI	FCT. NORTHBRIDGE GOLD 8	& SILVER EXCHANGE, LLC	
30 <b>3</b> 3	EC1.	ted Liability Company	
The en	closed Articles of Organization and fee(s) are	submitted for filing.	
Please	return all correspondence concerning this mat	tter to the following:	
	NORA M. KING HEINF	RICH	
		Name of Person	
Firm/Company			
38 FLORIDA PARK DR			
		Address	
ļ	PALM COAST, FL 32137		
	BSKINPB@YAHOO.COM	ty/State and Zip Code	
	E-mail address: (to be used	for future annual report notification)	
For fur	ther information concerning this matter, pleas	e call:	
NOF	RA HEINRICH	<sub>at (</sub> 561 ) 568-0633	
<del></del>	Name of Person	Area Code & Daytime Telephone Number	
Enclos	sed is a check for the following amount:		
\$125.00	Filing Fee \$\int\\$130.00 \text{ Filing Fee & Certificate of Status}\$	\$155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed)	
	Mailing Address Registration Section Division of Corporations P.O. Box 6327	Street/Courier Address Registration Section Division of Corporations Clifton Building	

2661 Executive Center Circle Tallahassee, FL 32301

P.O. Box 6327 Tallahassee, FL 32314

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### **ARTICLE I - Name:**

The name of the Limited Liability Company is:

## NORTHBRIDGE GOLD & SILVER EXCHANGE, LLC.

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

#### **ARTICLE II - Address:**

Dringinal Office Address

The mailing address and street address of the principal office of the Limited Liability Company is:

Mailing Address.

Frincipal Office Address:	<u>wrating Address:</u>
1 FLORIDA PARK DR S	1 FLORIDA PARK DR. S.
STE 228	STE 228
PALM COAST, FL 32137	PALM COAST, FL 32137

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.)

business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

NORA M KING HEINRICH

Name

38 FLORIDA PARK DR

Florida street address (P.O. Box NOT acceptable)

PALM COAST

ធូ 32137

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 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..

Registered Agent's Sign: ture (REQUIRED)

(CONTINUED)

# ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or M maging Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member MGRM NORA M KING HEINRICH 38 FLORIDA PARK DR PALM COAST, FL 32137 MGRM **BRIAN STONE KING** 38 FLORIDA PARK DR PALM COAST, FL 32137 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: $\leq$ . (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) **REQUIRED SIGNATURE:** Signature of a member or an/authorized representative of a member. (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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.) a M. King Heinrich Brian Stone King Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Scalar (Optional)