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(C	ity/State/Zip/Phone #	)
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Name)	
		· · · ·
(L	ocument Number)	•
Certified Copies	Certificates of	Status
Special Instructions to	o Filing Officer:	

Office Use Only

EFFECTIVE DATE 01/12/12



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SECRETARY OF STATE TALLAHASSEE, FLORID

FILED FILE S3

D. BRUCE
JUL 17 2012
EXAMINEF

### **COVER LETTER**

TO: Registration Division of	n Section Corporations			
SUBJECT: NGC	CW Enterprises LL	С		
50202011	Name of Limit	ed Liability Company	<del></del>	
The enclosed Articles	s of Organization and fee(s) are	submitted for filing.		
Please return all corre	espondence concerning this mat	ter to the following:		
Kelly J.	Walden			
		Name of Person	-	
			•	
		Firm/Company	SE SE	
831 Lor	ngwood Markham F	Road	12 JUL 16 PH SECRETARY OF ALLAHASSEF.	
<del></del>		Address	ARY ASSI	FILED
Sanford.	FL 32771			
		ty/State and Zip Code		
kellyw@c			<u> </u>	
<u> </u>	E-mail address: (to be used	for future annual report notification)	<del></del>	
For further information	on concerning this matter, pleas	e call:		
Kelly Walden		at (407 ) 3122159		
Nai	me of Person	Area Code & Daytime Telephone Number	<del></del>	
Enclosed is a check	c for the following amount:			
	\$130.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certified C	of Status &	
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:				
NGCW E	Enterprises LLC			
	(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")			
. D	4.77			

#### ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:
831 Longwood Markham Road Sanford, FL 32771	831 Longwood Markham Road Sanford, FL 32771
Samolu, i E 32171	
ARTICLE III - Registered Agent, Registe (The Limited Liability Company cannot serve as its own Rebusiness entity with an active Florida registration.)  The name and the Florida street address of the Kelly Walden	red Office, & Registered Agent's Signature:  REJARY  ne registered agent are:
<del></del>	
	Markham Road
Florida street	address (P.O. Box NOT acceptable)
Sanford	<sub>FL</sub> 32771
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 Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

EFFECTIVE DATE 7/12/12

## The name and address of each Manager or Managing Member is as follows: Name and Address: Title: "MGR" = Manager "MGRM" = Managing Member MGR Kelly Walden 831 Longwood Markham Road Sanford, FL 32771 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: July 12, 2012 (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

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)

Kelly Walden

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

\$ 5.00 Certificate of Status (Optional)

constitutes a third degree felony as provided for in s.817.155, F.S.)

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

Typed or printed name of signee