

L12000122295

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

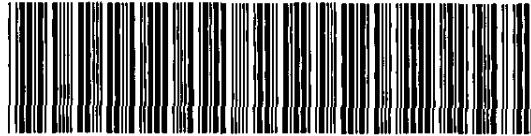
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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RECEIVED  
12 SEP 24 AM 10:47  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

B. BOSTICK  
SEP 25 2012  
EXAMINER

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

FILING COVER SHEET  
ACCT. #FCA-14

CONTACT: Kim Weidenbach

DATE: 09/24/12

REF. #: 000182.173321

CORP. NAME: GOODWILL INDUSTRIES OF SOUTHWEST FLORIDA NMTC RESOURCES I, 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# 101133 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

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

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**ARTICLES OF ORGANIZATION  
FOR  
GOODWILL INDUSTRIES OF SOUTHWEST FLORIDA NMTC RESOURCES I, LLC**

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**ARTICLE I - NAME**

The name of the Limited Liability Company is:

**GOODWILL INDUSTRIES OF SOUTHWEST FLORIDA NMTC RESOURCES I, LLC**

**ARTICLE II - ADDRESS**


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

4940 Bayline Drive  
North Fort Myers, FL 33917

**ARTICLE III - REGISTERED AGENT & REGISTERED OFFICE**

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

Thomas L. Feurig  
4940 Bayline Drive  
North Fort Myers, FL 33917

  
Print: THOMAS L. FEURIG  
Authorized Representative of Member

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

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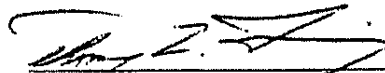
2016

*(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.)*

**CERTIFICATE OF ACCEPTANCE OF DESIGNATION OF  
REGISTERED AGENT OF  
GOODWILL INDUSTRIES OF SOUTHWEST FLORIDA NMTC RESOURCES I, LLC**

Pursuant to Section 608.415 of the Florida Limited Liability Company Act, the undersigned, having been designated as the initial Registered Agent for the service of process within the state of Florida upon GOODWILL INDUSTRIES OF SOUTHWEST FLORIDA NMTC RESOURCES I, LLC, a limited liability company organized under the laws of the state of Florida, hereby accepts the appointment as such Registered Agent for the above-named limited liability company and agrees to act in such capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of his duties, and is familiar with and accepts the obligations of his position as Registered Agent as provided for in the Florida Limited Liability Company Act and the general laws of the state of Florida relative to keeping open the Registered Office, which Registered Office is located at 4940 Bayline Drive, North Fort Myers, FL 33917.

IN WITNESS WHEREOF, the undersigned has executed this Certificate in North Fort Myers, Lee County, Florida on this 21<sup>st</sup> day of SEPTEMBER, 2012.



Thomas L. Feurig, Registered Agent

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