## L12000122991

| uestor's Name)   |   |
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| ress)            |   |
| /State/Zip/Phon  | e #)  |
| ☐ WAIT           | MAIL  |
| iness Entity Nar | me)   |
| ument Number)    |   |
| Certificates     | s of Status   |
| iling Officer:   |   |
|                  |   |
|                  |   |
|                  |   |
|                  | ress)  /State/Zip/Phon  WAIT  iness Entity Nar  ument Number)  Certificates |

Office Use Only



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## **COVER LETTER**

TO:

**Registration Section** 

| Division of Corporations  |  |
|---|--|
| SUBJECT: NCT-140, LLC   |  |
|   | ted Liability Company  |
| The enclosed Articles of Organization and fee(s) are  | submitted for filing.  |
| Please return all correspondence concerning this mat  | ter to the following:  |
| Susan Van Deraa   |  |
|   | Name of Person   |
| NCF Corporation   |  |
|   | Firm/Company   |
| Third Floor, 4401 Wes   | t Kennedy Blvd.  |
|   | Address  |
| Tampa, FL 33609   |  |
|   | ry/State and Zip Code  |
| mmcgrath@nationalchristian.c  |  |
| ·   | for future annual report notification)   |
| For further information concerning this matter, please  | e call:  |
| Susan Van Deraa   | at (678 ) 892-1720   |
| Name of Person  | Area Code & Daytime Telephone Number   |
| Enclosed is a check for the following amount:   | _  |
| \$125.00 Filing Fee \$\times \text{\$130.00 Filing Fee & Certificate of Status}\$                 | S155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed)  \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| 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:

| principal office of the Limited Liability Company is:  Mailing Address:                             |
|---|
| Mailing Address:  |
|   |
| Third Floor, 4401 West Kennedy Blvd. Tampa, FL 33609  |
| e registered agent are:  ALLAHASSEE FILED  ne  est Kennedy Blvd.  address (P.O. Box NOT acceptable) |
| sot ronnous Bivan   |
| address (P.O. Box NOT acceptable)   |
| r   |

Registered Agent's Signature (REQUIRED)

accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

(CONTINUED)

| "MGR" ≈ Manager  | Name and Address:  |                                  |
|--|--|----------------------------------|
| "MGRM" = Manag   | ing Member   |                                  |
| MGR  | NCF Corporation  |                                  |
| <u> </u>   | Third Floor, 4401 West Kennedy Bi  | vd.                              |
|  | Tampa, FL 33609  |                                  |
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| (Use attachment if n   | •  | . (OPTIO)                        |
| LE V: Effective date fective date date days after the date   | e, if other than the date of filing:, the date must be specific and cannot be more than find filing.)  | (OPTION<br>ve business d         |
| LE V: Effective date fective date date days after the date REQUIRED SIGN   | e, if other than the date of filing:  the date must be specific and cannot be more than filing.)  ATURE:   | ve business d                    |
| LE V: Effective date fective date date days after the date REQUIRED SIGN   | e, if other than the date of filing:, the date must be specific and cannot be more than find filing.)  | ve business d                    |
| LE V: Effective date fective date is listed days after the date REQUIRED SIGN  (In accordance constitutes I am aware             | e, if other than the date of filing:  the date must be specific and cannot be more than filing.)  ATURE:   | nber.                            |
| LE V: Effective date fective date is listed days after the date REQUIRED SIGN  (In accordance constitutes I am aware constitutes | the date must be specific and cannot be more than fit of filing.)  ATURE:  ATURE:  Comparison of a member or an authorized representative of a member of an affirmation under the penalties of perjury that the facts stated that any false information submitted in a document to the Depart  | nber.                            |
| LE V: Effective date fective date is listed days after the date REQUIRED SIGN  (In accorda constitutes I am aware constitutes    | the date must be specific and cannot be more than fit of filing.)  ATURE:  ATURE:  Construct of a member or an authorized representative of a member of an affirmation under the penalties of perjury that the facts stated that any false information submitted in a document to the Depart a third degree felony as provided for in s.817.155, F.S.) | nber. All so documents are true. |