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EXAMINER

COVER LETTER

TO:

Registration Section

Division of Corporations		
SUBJECT: NCT-142, LLC		
	ited Liability Company	
The enclosed Articles of Organization and fee(s) are	e submitted for filing.	
Please return all correspondence concerning this ma	utter to the following:	
Susan Van Deraa		
	Name of Person	
NCF Corporation		
	Firm/Company	
Third Floor, 4401 Wes	st Kennedy Blyd.	
	Address Sc	<u></u>
Tamas El 22000		6.0
Tampa, FL 33609	ity/State and Zip Code	
mmcgrath@nationalchristian.		52
	for future annual report notification)	
For further information concerning this matter, pleas	se call:	 : 5
Susan Van Deraa	\$50 \$50 \$50	54
Name of Person	at (678 892-1720 Area Code & Daytime Telephone Number	
Name of Ferson	Area Code & Daytine Telephone Number	
Enclosed is a check for the following amount:		
\$125.00 Filing Fee \$\int\\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & \$160.00 Filing Fee Certificate of Statu (additional copy is enclosed) Certified Copy (additional copy is enc	s &
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

NCT-142, LLC	
(Must end with the words "Limited Li	ability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of the	principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
NCF Corporation	कृति प
Nan	ne
Third Floor 4401 W	est Kennedy Blvd.
111110 F1001, 4401 VV	
_	address (P.O. Box NOT acceptable)
<u>—————————————————————————————————————</u>	address (P.O. Box <u>NOT</u> acceptable) FL

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)

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

The name and address of each Manager or Managing Member is as follows:

"MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	NCF Corporation Third Floor, 4401 West Kennedy Blvd.
	Tampa, FL 33609
(Use attachment if necessary)	
LE V: Effective date, if other than the	e date of filing: (OPTIONA

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.)

William Matthew Lawson, Vice President

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 Status (Optional)