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| (Requestor's Name) |
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| (Address) |
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| (Address) |
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| (City/State/Zip/Phone #) |
| |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| (Dusiness Linky Name) |
| (Decument Musther) |
| (Document Number) |
| |
| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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SECRETARY OF STATE
DIVISION OF CORFORATIONS

C. LEWIS

SEP 27 2012

EXAMINER

COVER LETTER

| TO: Registration Division of C | | *1 4 | San | A The Control of the |
|---|---|------------------------------------|--|---|
| _{SUBJECT:} Neilla | sar LLC | | | |
| | Name of Limit | ted Liability Co | mpany | . |
| The enclosed Articles | of Organization and fee(s) are | submitted for fi | ling. | |
| Please return all corres | pondence concerning this mat | ter to the follow | ving: | |
| Gordon I | Duncan | | | |
| | | Name of Person | | |
| Duncan a | & Associates, P.A | | | |
| | | Firm/Company | | |
| PO Box 2 | 249 | | | |
| | | Address | | |
| Ft. Myers, | | | | |
| | | ry/State and Zip C | Code | |
| gordon@dı | uncanassociatesfl.co E-mail address: (to be used: | | ranget natification) | |
| | | | report notification) | |
| For further information | concerning this matter, please | e call: | | |
| Gordon Duncan | | at (239 | 334-4574 | |
| Name | of Person | | ode & Daytime Tele | phone Number |
| Enclosed is a check for \$125.00 Filing Fee | or the following amount: \$\frac{1}{30.00}\$ Filing Fee & Certificate of Status | Certified | iling Fee & [Copy 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 | Regist Divisi Clifto 2661 | /Courier Address ration Section on of Corporations Building Executive Center Classee, FL 32301 | |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| Neillasar LLC | |
|--|---|
| (Must end with the words | "Limited Liability Company, "L.L.C.," or "LLC.") |
| ARTICLE II - Address: | |
| The mailing address and street address | ress of the principal office of the Limited Liability Company is |
| Principal Office Address: | Mailing Address: |
| 1601 Jackson Street | same |
| Suite 101 | |
| Fort Myers, FL 33901 | |
| The name and the Florida street add Gordon Dune 1601 Lack | dress of the registered agent are: |
| | orida street address (P.O. Box NOT acceptable) |
| Fort Myers, | 33001 |
| | FL 33901 City, State, and Zip |
| liability company at the place de registered agent and agree to act in statutes relating to the proper and | agent and to accept service of process for the above stated limited signated in this certificate, I hereby accept the appointment as this capacity. I further agree to comply with the provisions of all complete performance of my duties, and I am familiar with and sition as registered agent as provided for in Chapter 608, F.S |

(CONTINUED)

Agent's Signature (REQUIRED)

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

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

The name and address of each Manager or Managing Member is as follows: 2012 SEP 26 AM II: 01

| "MGR" = Manager "MGRM" = Managing Membe | Name and Address: |
|---|--|
| MGRM | Vinu Desai 1601 Jackson Street, Suite 101 Fort Myers, FL 33901 |
| | |
| | |
| | |
| Use attachment if necessary) | |
| LE V: Effective date, if other the fective date is listed, the date is days after the date of filing.) | nan the date of filing: (OPTION must be specific and cannot be more than five business d |
| LE V: Effective date, if other the fective date is listed, the date is days after the date of filing.) REQUIRED SIGNATURE: | |
| fective date is listed, the date is days after the date of filing.) REQUIRED SIGNATURE: Signature of a (In accordance with sectionstitutes an affirmation of a graph of the constitutes and affirmation of the constitutes and affirmation of the constitutes are affirmation of the constitutes and affirmation of the constitutes are affirmation of the constitutes and affirmation of the constitutes are | must be specific and cannot be more than five business d |

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)

of Registered Agent

\$125.00 Filing Fee for Articles of Organization and Designation