

11/20/2012 10:23:33 AM

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : KUBCO
Account Number : 104662003400
Phone : (516) 935-3940
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: herschelavern@embargo.com

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12 NOV 20 AM 11:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA LIMITED LIABILITY CO.
Nationwide Business Resource Facility LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12 NOV 20 AM 9:18

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B. BOSTICK

NOV 21 2012

EXAMINER

H12000274848

ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is: **Nationwide Business Resource Facility 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:

482 Newhope Drive

482 Newhope Drive

Altamonte Springs, FL 32714

Altamonte Springs, FL 32714

ARTICLE III - Registered Agent, Registered Office & Registered Agent's Signature

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

Herschel Miller

Name

482 Newhope Drive

(P.O. Box or Mail Drop Box NOT Acceptable)

Altamonte Springs, FL 32714

(City / State / 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 - Herschel Miller

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STATE OF FLORIDA
TALLAHASSEE

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

H12000274848

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

Title:

Name and Address:

"MGR" = Manager

"MGRM" = Managing Member

MGR

Lavern Miller - 482 Newhope Drive, Altamonte Springs, FL 32714

MGRM

Denise Whittaker - 482 Newhope Drive, Altamonte Springs, FL 32714

MGRM

Audrey Obertausch - 482 Newhope Drive, Altamonte Springs, FL 32714

(Use attachment if necessary)

REQUIRED SIGNATURE:



Signature of a member or 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.)

Lavern Miller

Typed or printed name of signee

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12 NOV 20 AM 9:18
CLERK OF CIRCUIT COURT
TALLAHASSEE, FLORIDA