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Office Use Only



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Effective Date 03/01/13

02/25/13--01031--002 \*\*125.00

SECRETARY OF STATE

FEB 26 2013 J. BRYAN 5.7

### **COVER LETTER**

TO:

**Registration Section Division of Corporations** 

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all corresp	ondence concerning this mat	ter to the following:	
SANJA	AY PANDYA		
		Name of Person	· · · · · · · · · · · · · · · · · · ·
NAT II	NVESTMEN <sup>-</sup>	ΓLLC.,	
		Firm/Company	ON3
4943 5	SW 41 PLAC	E,	1013 FEB 25 PM SECNE LARY OF TALLAH (SSEE)
		Address	25 C
OCAL	4- FL- 34474		PH 3: 45
•		y/State and Zip Code	1.00 S.1
Investme	entNAT@gmail.c	om for future annual report notification)	<u> </u>
	concerning this matter, please		
Sanjay Pa	andya	_at ()	
Name	of Person	Area Code & Daytime Tele	phone Number
Enclosed is a check for	or the following amount:		
\$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	□\$155.00 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 C	

Tallahassee, FL 32301

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY TILED SHEET **ARTICLE I - Name:** The name of the Limited Liability Company is: NAT INVESTMENT LLC., (Must end with the words "Limited Liability 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: 4943 SW 41 PLACE 4943 SW 41 PLACE OCALA - FL- 34474 OCALA - FL - 34474 ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.) Effective Date 03/01/13 The name and the Florida street address of the registered agent are:

Name

4943 SW 41 PLACE

Florida street address (P.O. Box NOT acceptable)

OCALA-FL-34474

FL

City, State, and 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 (REQUIRED)

(CONTINUED)

Page 1 of 2

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

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

<u>Title:</u>	Name and Address:	1. 2
"MGR" = Manager	· · · · · · · · · · · · · · · · · · ·	7 m
"MGRM" = Managing Member		是图
MGRM	SANJAY PANDYA	1013 FEB 25 CHE STATE SECRETAL ALLAHASSEE, FLORID
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	OCALA-FL-34474	
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(Use attachment if necessary)		
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or 90 days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a member		nember.

SANJAY PANDYA

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)