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 : BLUMBERG/EXCELSIOR CORPORATE SERVICES

Account Number : 075350000353 Phone

: (800)221-2972

Fax Number

: (888)692-9256

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email A	ddress:			

FLORIDA LIMITED LIABILITY CO. NGP PROPERTIES LLC

Certificate of Status	0
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Page Count	01
Estimated Charge	\$125.00

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Corporate Filing Menu

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7/22/2013

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:				
The name of the Limited L	iability Company is:			
NGP PROPERTIES LLC	h the sureds "I imited I jabili	y Company, "L.L.C.," or "LLC.")		
(tatent ever with	is the wolds. Entitled Tallogs	y company, extroq or taxe.		
ARTICLE II - Address: The mailing address and st	reet address of the pri	ncipal office of the Limited Liab	lity Company is:	
Principal Office Address:		Mailing Address:		
31205 SW 213TH AVE.		31206 SW 213TH AVE.		
HOMESTEAD, FL 33030		HOMESTEAD, FL 33030		
ARTICLE III - Registere (The Limited Liability Company on business entity with an active Flori	mot serve as its own Registe	Office, & Registered Agent's S red Agent. You must designate an individua	ignature:	
The name and the Florida s	treet address of the re	gistered agent are:		
KATHER	RINE CHAU		\$ 6 6 6 6	, 二
	Name	,	2	, m
31205 8	W 213TH AVE.		4. T	
	Florida street addi	ess (P.O. Box NOT acceptable)	e a	5
HOME	STEAD, 33030	FL ·		-
<u> </u>	City, Sta	e, and Zip	≯ ⊂	>
liability company at the registered agent and agre all statutes relating to the	place designated in the e to act in this capaci e proper and complete	ccept service of process for the al is certificate, I hereby accept the ty. I further agree to comply with performance of my duties, and I i distered agent as provided for in C	appointment as the provisions of am famillar with	

Registered Agant's Signature (REQUIRED)

(CONTINUED)

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From:

Title: "MGR" ~ Manager "MGRM" = Managing Member	Name and Address:
MGRM	KATHERINE CHAU
	31205 SW 213TH AVE.
	HOMESTEAD, FL 33030
(Use attachment if necessary)	
CLE V: Effective date, if other than	the date of filing: (OPTIONAL)
effective date is listed, the date m to or 90 days after the date of filing	
	(a)
to or 90 days after the date of filing REQUIRED SIGNATURE:	

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)

KATHERINE CHAU

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Typed or printed name of signee