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(I	Requestor's Name)	·
(/	Address)	· · · · · · · · · · · · · · · · · · ·
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PICK-UP	☐ WAIT	MAIL
(I	Business Entity Nan	ne)
(Document Number)		
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B. BOSTICK

SEP 2 4 2013

EXAMINER

COVER LETTER

TO:	Registration S Division of Co			,		
SUBJI	ECT:	Name of Limite	LC Nand 7 8107 d Liability Company	pal 120	, -	
The en	closed Articles of	f Organization and fee(s) are s	ubmitted for filing.			
Please	return all corresp	ondence concerning this matte	er to the following:			
	Nader		Name of Person			_
			Name of Ferson			
			Firm/Company		<u></u>	-
	2870	Bishiers So	ean TRZ			_
	Tanab	assee, FL, 3°	Address .			i
	NNKO	_			38	13 SE
NN Nasem & Smaj) Com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:			24 PH			
 _	Name	of Person	_ at ()Area Code & Daytime Telephone	: Number		2: 52
Enclo	sed is a check f	or the following amount:				
© \$125	.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	Certified Copy Ce (additional copy is enclosed)	60.00 Filing ertificate of Stertified Copy dditional copy is	atus &	
		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

APPAIGNE.

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:					
(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	al office of the Limited Liability Company is:				
Principal Office Address: Ma	iling Address:				
7500 Bishors green TRZ Tallahassee, FZ, 72317	Same				
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.) The name and the Florida street address of the registered agent are: Naker Kasem					
	P.O. Box NOT acceptable)				
Tallahassee FL 82312 City, State, and Zip					
Having been named as registered agent and to accept liability company at the place designated in this caregistered agent and agree to act in this capacity. It all statutes relating to the proper and complete per and accept the obligations of my position as register Registered Agent's Signature (Registered	ertificate, I hereby accept the appointment as further agree to comply with the provisions of formance of my duties, and I am familiar with red agent as provided for in Chapter 608, F.S				

Page 1 of 2

. (CONTINUED)

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

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:				
mgrm	Nater Kasem Pallahassee er 32317 2870 Bishers green IRR				
	TALLER TALLER				
·	24 PM 2: 52				
(Use attachment if necessary) ARTICLE V: Effective date, if other than the date.	ate of filing: (OPTIONAL)				
(If an effective date is listed, the date must b prior to or 90 days after the date of filing.)	be specific and cannot be more than five business days				
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.)					
Nader	d or printed name of signee				
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)

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