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D. PALUCA

(850) 245-6051

COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT: Word Borne Opportunities, LLC

Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Name of Person	
Word Borne Opportunities, LLC	
Firm/Company	 -
6031 Arlington Way	
Address	
Fort Pierce, FL 34951	201
City/State and Zip Code	
wordborneopportunities@gmail.com	JAN 24
E-mail address: (to be used for future annual report notification)	J.S.
orther information concerning this matter, please call:	me A
vid Neff _{at} 772 3327883	S IATE
Name of Person Area Code & Daytime Telephone Numl	ber on

Enclosed is a check for the following amount:

□\$125.00 Filing Fee

For

□\$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 Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:			
The name of the Limited Liability Company is:			
Nord Borne Opportunities, LLC		_	
(Must end with the words "Limited Liabili	ity Company, "L.L.C.," or "LLC.")		
ARTICLE II - Address:			
		•	•
The mailing address and street address of the pri	incipal office of the Limited Liability C	ompan	y 15:
Principal Office Address:	Mailing Address:		
6031 Arlington Way	6031 Arlington Way		
Ft. Pierce, Florida, 34951	Ft. Pierce, Florida, 34951	-	
		•	
ARTICLE III - Registered Agent, Registered The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.) The name and the Florida street address of the re	ered Agent, You must designate an individual or and	OH JAN 2	
David D. Nati		£ .	j
David P. Neff	رند. ⊃رن	1	m
Name	<u> </u>	·	
6031 Arlington Way	ORDA DAC	: 56	The seed
Florida street add	ress (P.O. Box NOT acceptable)	•	
Ft. Pierce,	_{FL} 34951		
City, Sta	te, 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 (REQUIREI

(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:	
"MGR" = Manager "MGRM" = Managing !	Member	
MGR	David P. Neff	_
	6031 Arlington Way	_
	Ft. Pierce, FL 34951	-
		_
		- -
		-
		-
		- -
		•
(Use attachment if neces	(vares	
•	•	
	other than the date of filing: (OPTIO	
f an effective date is listed, t ior to or 90 days after the da	the date must be specific and cannot be more than five bus	iness days
ioi to oi >o days nitoi the di	ise of filings,	
REQUIRED SIGNAT	IDDE:	
KEQUINED SIGNATION		
	Day Phol	29
Signat	ure of a member or an authorized representative of a member.	- Allegan
	with section 608.408(3), Florida Statutes, the execution of this document:	F 1 1 2014 JAN 24
constitutes an a	iffirmation under the penalties of perjury that the facts stated herein are true.	2
r am aware that constitutes a thi	t any false information submitted in a document to the Department of State ird degree felony as provided for in s.817.155, F.S.)	•
David	Typed or printed name of signee	E M
	Typed or printed name of signee	: 50

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)