

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

......

(((H14000140092 3)))



Note: DO NOT bit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Division of Corporations

Fax Number : (850) 617-6383

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number: I2000000019

: (305)552-5973

Fax Number

: (305)675-5944

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

Wint.sa	† 1	Address	3

## FLORIDA LIMITED LIABILITY CO. NATIONAL ATM, LLC

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

K. SALY EXAMINER

JUN 1 3 2014

04/23/2032 05:13

#6258 P.002/004

# 1 4 0 0 0 1/4 0 0 9 2

2014 JUN 12 AM 10: 30

VALLAHASSEE, FLORIS.

Florida Department of State

Attention: New Filings Section

To whom it may concern:

This is to advise you that the owners of NATIONAL AIM, LLC of Doc# on the same owners of the attached articles of incorporation. We have dissolved the company and have no intention of reopening it. Thank you for your help in this matter.

Very Sincerely,

H1400014.0092

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY TO THE WOOD SO

ARTICLE I - Name:

The name of the Limited Liability Company is:

NATIONAL ATM, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

11491 SW 20th Street Miramar, FL 33025

ARTICLE III - Registered Agent, Registered Office:

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

MICHAEL E. MARTINEZ 11491 SW 20th Street Miramar, FL 33025

ARTICLE IVThe name and title of each person authorized to manage and control the Limited Liability Company:

Title MGR

MARTINEZ, MICHAEL E. 11491 SW 20TH STREET MIRAMAR, FL 33025

H14000140092

## Required Signatures:

Signature of a member or an authorized representative of a member.

In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perfury 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.

MICHAEL E. MARTINEZ
Typed or printed name of signee

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 furtheragree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and Lam familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)