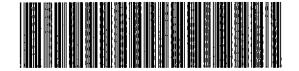
## #1/4000097574

| (Re                     | equestor's Name)   |                           |
|-------------------------|--------------------|---------------------------|
| (Ac                     | ldress)            |                           |
| (Ac                     | idress)            | · · · · · · - <del></del> |
| (Ci                     | ty/State/Zip/Phone | · #)                      |
| PICK-UP                 | ☐ WAIT             | MAIL                      |
| (Bu                     | usiness Entity Nam | ne)                       |
| (Do                     | ocument Number)    |                           |
| Certified Copies        | _ Certificates     | of Status                 |
| Special Instructions to | Filing Officer:    |                           |
|                         |                    |                           |
|                         |                    |                           |
|                         |                    |                           |
|                         |                    |                           |

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2014 JUN 16 PK 1: 34

SEGRETARY OF STATE
SEGRETARY OF STATE

K.SALY EXAMINER JUN 18 2014 JAMES A. CURRAN
E-MAIL DIRECT: jim@cgtco.com

JOSEPH J. COLLOPY
E-MAIL DIRECT: joe@cgtco.com

TERESA MAGEE
E-MAIL DIRECT: terry@cgtco.com

## Corporation Guarantee and Trust Company

TWO GREENWOOD SQUARE, SUITE 110 3331 STREET ROAD, BENSALEM, PA 19020 TELEPHONES: (800) 563-6131 • (215) 633-8144 FAX (215) 633-8160 E-MAIL: info@cgtco.com

June 11, 2014

Department of State Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

RE: 6902 NDM L.L.C.

To Whom It May Concern:

Enclosed are Articles of Organization of the above for filing with your office together with our \$160.00 check to cover filing fee, certified copy fee and certificate of status fee.

Please send your usual acknowledgment and receipt to this office when the filing has been completed using the enclosed Fed Ex airbill and envelope. Thank you.

Cordially yours,

Teresa Magee

Secretary

TM/t Enclosures

## **COVER LETTER**

|                   | Registration<br>Division of C | Section<br>Corporations                     |   |   |
|-------------------|-------------------------------|---|---|---|
| SUBJEC            | T: 6902 N                     | DM L.L.C.                                   |   |   |
|                   |                               | Name of Li                                  | mited Liability Company   | <del></del>   |
| The encl          | osed Articles                 | of Organization and fee(s) a                | are submitted for filing.   |   |
| Please re         | turn all corre                | spondence concerning this n                 | natter to the following:  |   |
|                   | Ter                           | esa Magee                                   |   |   |
|                   |                               |   | Name of Person  |   |
|                   | Cor                           | poration Guarantee                          | and Trust Company   |   |
|                   |                               |   | Firm/Company  |   |
|                   | 222                           | l Street Road, Sui                          | to 110  |   |
|                   |                               | 1 Street Road, Sul                          | Address   |   |
|                   | _                             |   |   |   |
|                   | Ben                           | salem, PA 19020-                            |   |   |
|                   |                               | ,   | City/State and Zip Code   |   |
| -                 |                               | E-mail address: (to be use                  | ed for future annual report notifica                                | ntion)  |
| For furth         | er informatio                 | n concerning this matter, ple               | ease call:  |   |
| Jasmin            | e Hahn                        | at (  | 212 ) 599-1300  |   |
|                   | Nan                           | ne of Person                                |   | lephone Number  |
| Enclosed          | i is a check fo               | or the following amount:                    |   |   |
| <b>□\$</b> 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,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|                   | <u>Ma</u>                     | iling Address                               | Street/Courier Add  | ress  |

Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ANTICISOF ONDAMENTOR FOR FI   |  | TED LANDILLE I V   |  |
|---|--|--------------------|--|
| ARTICLE I - Name:   |  |                    |  |
| The name of the Limited Liability Company is:   |  |                    | THE STATE OF THE S |
| 6902 NDM L.L.C.   |  | _                  | 整言后  |
| (Must end with the words "Limited   | Liability Com                          | pany, "L.L.C.," o  | or "LLC.")   |
| ARTICLE II - Address: The mailing address and street address of the principal of  | fice of the Lir                        | nited Liability Co | ompany is:   |
| Principal Office Address:   | Mailing A                              | ddress:            |  |
| c/o Kevin Cameron   | c/o Kevin                              |                    |  |
| 4805 West Laurel Street, Suite 100  | 4805 Wes                               | t Laurel Street,   | , <b>S</b> uite 100  |
| Tampa, Florida 33607  | Tampa, F                               | lorida 33607       |  |
| ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own another business entity with an active Florida registration.)  The name and the Florida street address of the registered. | Registered Ag                          |                    |  |
| Edwin F. Blanton  |  |                    |  |
| Name  | ······································ |                    |  |
| 610 Summerbrooke Dri  | ve                                     |                    |  |
| Florida street address (P.O. Box  | NOT accepta                            | ible)              |  |
| Tallahassee,  | F <u>L</u>                             | 32312              |  |
| City  |  | Zip                | •  |
|   |  | Constant           | cated limited lightlife, someone, at   |

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 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

| <u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager   | Name and Address:   |
|--|---|
| MGRM   | Mei Ling Cheng, sole Trustee under the Mei<br>Ling Cheng Living Trust, dated May 29, 2001   |
|  | c/o Kevin Čameron<br>4805 West Laurel Street, Suite 100<br>Tampa, Florida 33607   |
|  |   |
|  |   |
| (Use attachment if necessary)  CLE V: Effective date, if other than the date of  | f filing: (OPTIONAL)  |
| CLE V: Effective date, if other than the date of effective date is listed, the date must be specte of filing.)   | f filing: (OPTIONAL) ific and cannot be more than five business days prior to or 9  |
| CLE V: Effective date, if other than the date of effective date is listed, the date must be specute of filing.)  | f filing: (OPTIONAL) eific and cannot be more than five business days prior to or 9   |
| CLE V: Effective date, if other than the date of effective date is listed, the date must be speciate of filing.)  CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a mem (In accordance with section 605, constitutes an affirmation under I am aware that any false information.  | of filing:  |
| CLE V: Effective date, if other than the date of effective date is listed, the date must be specte of filing.)  CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a mem (In accordance with section 605, constitutes an affirmation under I am aware that any false information stitutes a third degree felony.)  Mei Ling Cheng, a | aber or an authorized representative of a member.  (0203 (1) (b). Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true, ation submitted in a document to the Department of State as provided for in s.817.155, F.S.) |