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AUG 0.1 2014 D. BRUCE

## **COVER LETTER**

TO: Registration Division of	n Section Corporations			
SUBJECT: Nova F	Properties Investment Grou Name of Lin	p. LLC nited Liability Company		
The enclosed Articles	of Organization and fee(s) ar	e submitted for filing.		
Please return all corre	spondence concerning this ma	atter to the following:		
Margare	t E. Formoso	Name of Person		,
		Name of Ferson		
Nova Pr	operties Investment Group	LLC Firm/Company		
		Рип/Сопрану		
4220 S I	University Drive			
		Address		
<u>Davie. F</u>		ity/State and Zip Code		
_meg.formoso@				
_meg.iojmoso(c	E-mail address: (to be used	d for future annual report notifica	ation)	
For further information	on concerning this matter, plea	se call:	. 179	
			and supplied to the state of th	2014 JUL
Margaret E. Formo		260-5187		
Nar	me of Person	Area Code Daytime Te	lephone Number	CO presente.
	λ,		## ## ## ## ## ## ## ## ## ## ## ## ##	
Enclosed is a check for	or the following amount:			三 [[]
□ \$125.00 Filing Fec	☐\$130.00 Filing Fee & Certificate of Status	☐\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed	N

Mailing Address
Registration Section

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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:		
Nova Properties Investment Group, LLC (Must end with the words "Lin	mited Liability Company, "L.L.C.," or	"LLC.")
ARTICLE II - Address: The mailing address and street address of the princi	pal office of the Limited Liability Con	npany is:
Principal Office Address:	Mailing Address:	
4220 S University Drive Davie, FL 33328	4220 S University Drive Davie, FL 33328	
ARTICLE III - Registered Agent, Registered Of (The Limited Liability Company cannot serve as its another business entity with an active Florida registered and the Florida street address of the registered.	own Registered Agent. You must designation.)	
The name and the Florida street address of the regis	stered agent are:	
Margaret E. Formoso	Vame	
5901 Banyan Terrace Florida street address (P.O	Box NOT acceptable)	
<u>Plantation</u> City	FL 33317 Zip	
Having been named as registered agent and to accept the place designated in this certificate, I hereby a capacity. I further agree to comply with the provise of my duties, and I am familiar with and accept the second se	ept service of process for the above state accept the appointment as registered ag sions of all statutes relating to the prope	gent and agree to act in this er and complete performance
(CON)	TINUED)	2114
Page	e i of 2	HASSEL

Title:	Name and Address:
"AMBR" = Authorized N	ember
"MGR" = Manager MGR	Margaret E. Formoso
WOIT	5901 Banyan Terrace
	Plantation, FL 33317
MGR	Juan R. Formoso
	5901 Banyan Terrace
	Plantation, FL 33317
(Use attachment if necess	•
	ate must be specific and cannot be more than five business days prior to
of filing.)  LE VI: Other provisions, if	·
of filing.)	any.
of filing.)  LE VI: Other provisions, if  REQUIRED SIGNATU	RE: ME Formoso
e of filing.)  LE VI: Other provisions, if  REQUIRED SIGNATU  Sig	RE: HE FOLMOSO nature of a member or an authorized representative of a member.
REQUIRED SIGNATU Sig (In accordance	RE:  nature of a member or an authorized representative of a member. with section 605.0203 (1) (b), Florida Statutes, the execution of this documents.
REQUIRED SIGNATU  Sig (In accordance constitutes an a	nature of a member or an authorized representative of a member. with section 605.0203 (1) (b), Florida Statutes, the execution of this docume
of filing.)  LE VI: Other provisions, if  REOUIRED SIGNATU  Sig  (In accordance constitutes an a I am aware tha	RE:  nature of a member or an authorized representative of a member. with section 605.0203 (1) (b), Florida Statutes, the execution of this documents.
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ARTICLE IV-

Page 2 of 2

\$ 5.00 Certificate of Status (Optional)