L14000/34089

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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SHELDING AGAINSTONE SINS

14 AUG 26 AM IO: 43
SEUNDINARY OF STATE
SEUNDAMASSEE FLORIDA

AUG 2 7 2014 T. HAMPTON



ACCOUNT NO. : I2000000195

REFERENCE: 271124 5015497

AUTHORIZATION: Spelle Blend

COST LIMIT : (\$^125.00

ORDER DATE: August 26, 2014

ORDER TIME : 12:11 PM

ORDER NO. : 271124-015

CUSTOMER NO: 5015497

DOMESTIC FILING

NAME: NAKASH VERO BEACH LLC

EFFECTIVE DATE:

XX	CERTIFICATE OF LIMITED PARTNERSHIP ARTICLES OF ORGANIZATION	
PLEASE	RETURN THE FOLLOWING AS PROOF OF FILING:	
XX	_ CERTIFIED COPY _ PLAIN STAMPED COPY _ CERTIFICATE OF GOOD STANDING	
CONTACT	F PERSON: Courtney Williams - EXT. 62935	
	EXAMINER'S INITIALS:	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	d Liability Company is:		
Nakas	sh Vero I	Beach L	\mathcal{O}
(5)	Aust end with the words "Lin	nited Liability Company, "L.L.C.	." or "LLC.")
ARTICLE II - Address and The mailing address and		oal office of the Limited Liability	Company is:
Principal Office Addr	<u>ess:</u> <u>N</u>	lailing Address:	
1400 Broa	ldway	SAME	
	,		10 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -
(The Limited Liability Canother business entity	Company cannot serve as its of with an active Florida registr		
The name and the Florid	da street address of the regist	ered agent are:	
	Corporation Service Com	<u> </u>	
	ν.	ame	
	1201 Hays Street		···
	Florida street address (P.O.	Box NOT acceptable)	
	Tallahassee	FL 32301 Zip	_
	City	Zip	
the place designated capacity. I further ago	l in this certificate, I hereby a tree to comply with the provisi m familiar with and accept the	ccept the appointment as registere	proper and complete performance
	Corporation Service C	ompany	
	By: Drews	Theuli dait U.P.	
		ignature (REQUIRED)	
	Doreen S. Haes	selin, Asst. VP	
	(CONT)	NUED)	

Page 1 of 2

14 AUG 26 AM 10: 43
SECRETASSEE FLORIDA
TALLAHASSEE FLORIDA

Address: (ash 1415 NC) Breadway
(OPTIONAL) more than five business days prior to or 90 days aft
2
rida Statutes, the execution of this document perjury that the facts stated herein are true, in a document to the Department of State in s. \$17.155. F.S.)
r / / / rolling

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)

Page 2 of 2