L15000008501

	Requestor's Name)	
V	requestors rearries	
(,	Address)	
(Address)	
	City/State/Zip/Phone #)	
,	, , ,	
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies	Certificates of	Status
,		
		
Special Instructions	to Filing Officer:	
<u> </u>		

***** Office Use Only

4



400267867034

400267867034 01/06/15--01003--006 **130.00

15 JAN -6 AH 8:56
SECRETARY OF STATE
TALLAHASSEE FLORIDA

J. Shivers JAN 1 6 2015

COVER LETTER

TO: Registration Division of C	Section Corporations		
SUBJECT: Na	tional Stvo Name of Lin	stegic Partne nited Liability Company	ers, LLC
The enclosed Articles	of Organization and fee(s) a	re submitted for filing.	
Please return all corre	spondence concerning this m	atter to the following:	
		Harrington, Name of Person	
No	ational Stra	tegic Partners Film/Company	, LLC
35	59 E. Oca	ean Ave.	
		Address	
	antana, FL	33462 City/State and Zip Code	
nat.	Marrinator E-mail address: (to be use	City/State and Zip Code Order Mail d for future annual report notifications	COM (nion)
For further information	n concerning this matter, plea	ase call:	
Nathanie	1 Harringtor ne of Person	7 561 358 - 3 Area Code Daytime Tel	8463 ephone Number
Enclosed is a check fo	r the following amount:		
☐ \$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, Certificate of Status & Certified Copy (additional copy is enclosed)
	ling Address stration Section	Street/Courier Adda Registration Section	ress

Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314 Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:	
National Strategic (Must end with the words Limited I	Partners, LLC Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	• • •
The mailing address and street address of the principal of	ice of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
359 E. Ocean Ave.	359 E. Ocean Ave.
Lantana, FL 33462	Lantaria, FL 33462
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own I another business entity with an active Florida registration	Registered Agent. You must designate an individual or
The name and the Florida street address of the registered a	· 1
Nathaniel E.	Harrington Jr.
	^
	ean Are.
Florida street address (P.O. Box	
Lantana	FL 33462 Zip
•	•
the place designated in this certificate, I hereby accept capacity. I further agree to comply with the provisions of my duties, and I am familiar with and accept the obli	vice of process for the above stated limited liability company at the appointment as registered agent and agree to act in this f all statutes relating to the proper and complete performance gations of my position as registered agent as provided for in the foot, F,S4
Mathamiel E.	Harry In Jr.
Registered Agent's Signatu	<i>♣</i> ~ , ~
(CONTINUE	SECRETARY FALLAHASSE
Page 1 of 2	15 JAN -6 AM 8: 56 SECKETARY OF STAIL LUANASSEE FLORID
	10 S

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager AMBR	Nathaniel E. Harrington Jr. 359 E. Ocean Ave. Lantana, FL 33462
AMBR	Nancy Valle-Harrington 359 E. Ocean Ave. Lantang, EL 33462
ffective date is listed, the date must be s	te of filing: <u>Jan Vary</u> 5, <u>2015</u> (OPTIONAL) pecific and cannot be more than five business days prior to or 90 days
LE V: Effective date, if other than the dat	te of filing: <u>January 5, 2015</u> (OPTIONAL) pecific and cannot be more than five business days prior to or 90 days
LE V: Effective date, if other than the dat ffective date is listed, the date must be see of filing.)	te of filing: <u>Jan Vary</u> 5, <u>2015</u> (OPTIONAL) pecific and cannot be more than five business days prior to or 90 days
LE V: Effective date, if other than the dat ffective date is listed, the date must be see of filing.)	te of filing: <u>January 5, 2015</u> (OPTIONAL) pecific and cannot be more than five business days prior to or 90 days
ELE V: Effective date, if other than the date ffective date is listed, the date must be see of filing.) ELE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a m (In accordance with section 6 constitutes an affirmation und I am aware that any false info	nember or an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true. 605.0203 (1) (a) (b) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c
ELE V: Effective date, if other than the date ffective date is listed, the date must be see of filing.) ELE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a magnetic constitutes an affirmation under a may aware that any false inforcements of the constitutes a third degree felor.	pecific and cannot be more than five business days prior to or 90 days member or an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true. Typed or printed name of signee
REQUIRED SIGNATURE: Signature of a m (In accordance with section 6 constitutes an affirmation uncl 1 am aware that any false info constitutes a third degree felo	pecific and cannot be more than five business days prior to or 90 days nember or an authorized representative of a member. 505.0203 (1) (b), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true. Typed or printed name of signee