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COVER LETTER

TO: Registration Section Division of Corporations	
SUPERIOR NOONS	
SUBJECT: NCSN Investments, LLC Nan	ne of Limited Liability Company
The enclosed Articles of Organization and	fee(s) are submitted for filing.
Please return all correspondence concerning	ng this matter to the following:
.Maximilien Vallery-Masson	
	Name of Person
**************************************	Firm/Company
610 Shady Nook Drive	
	Address
Brandon, Florida 33511	City/State and Zip Code
dvm1946@yahoo.fr E-mail address: (v	o be used for future annual report notification)
For further information concerning this ma	
Daniel Vallery-Masson	at (813) 344-6503
Name of Person	Area Code Daytime Telephone Number
Enclosed is a check for the following amou	int:
\$125.00 Filing Fee S130.00 Filing Fee Certificate of St	
Mailing Address Registration Section	Street/Courier Address Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314	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:	
NCSN investments, LLC	
(Must end with the words 'Limited I	iability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal off	ice of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
610 Shady Nook Drive Brandon, Florida 33511	610 Shady Nook Drive Brandon, Florida 33511
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own R another business entity with an active Florida registration.	tegistered Agent. You must designate an individual or
The name and the Florida street address of the registered a	gent are:
<u>Maximilian Vallery-Masson</u> Name	
610 Shady Nook Drive Florida street address (P.O. Box)	NOT acceptable)
Brandon	FL 33511
City	Zip
the place designated in this certificate, I hereby accept capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the obli	N 28 28 28 28 28 28 28 28 28 28 28 28 28
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Title:	Name and Address:	
"AMBR" = Authorized Member		
"MGR" = Manager		
MGR	Maximilien Vallery-Masson	
	610 Shady Nook Drive	
	Brandon, Fl 33511	
MGR	Norbert Zirah	
	610 Shady Nook Drive	
	Brandon, Fl 33511	
MGR	Chantal Nacache	
	610 Shady Nook Drive	
	Brandon, Fl 33511	
Tine attachment if necessari		
ctive date is listed, the date must b	date of filing: (OPTIONAL) e specific and cannot be more than five business days prior to or 90 days	s afte
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