| (Re | equestor's Name) | |
|-------------------------|--------------------|-------------|
| (Ad | ldress) | |
| (Ad | ldress) | |
| (Cit | ty/State/Zip/Phon | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | isiness Entity Nai | me) |
| (Do | cument Number) |) |
| Certified Copies | Certificate | s of Status |
| Special Instructions to | Filing Officer: | |
| | | |
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APR 2 2 2015

Office Use Only

T. SCOTT

COVER LETTER

| TO: Registration Division of | n Section Corporations | | |
|------------------------------|--|--|---|
| SUBJECT: | NW Industri | mited Liability Company | |
| The enclosed Article | s of Organization and fee(s) a | re submitted for filing. | |
| Please return all corr | espondence concerning this m | natter to the following: | |
| | Pai | Name of Person | |
| - | Cardi | Firm/Company | P(. |
| | 6342 | 2 NW 18 DR. : | #1 |
| | Gaines ville Paul Pco | FL. 32653 City/State and Zip Code Adinal Sisns, Code of for future annual report notification | 01/4 |
| | E-mail address: (to be use | d for future annual report notifica | ation) |
| For further information | on concerning this matter, plea | ase call: | |
| Paul Rai | me of Person at (_ | 352) 376-84 Area Code Daytime Te | lephone Number |
| Enclosed is a check f | or 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) |
| Ma | niling 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

| ARTICLE I - Name: The name of the Limited | Liability Company is: | | | | |
|---|---|--|--|---|-------------------------------------|
| NW M | Industria | al LLC mited Liability Corr | npany, "L.L.C. | " or "LLC.") | |
| ARTICLE II - Address | | • | | , | |
| Principal Office Addre | ss: | Mailing A | ddress: | | |
| 17817 NW Alachua | 62 AUL FL. 32615 | <u>634</u> | 2 NW resuite, | 18 DR , 7 FL. 32653 | £1 |
| (The Limited Liability C | red Agent, Registered Of ompany cannot serve as its with an active Florida regist | own Registered Ag | Agent's Sign ent. You mus | ature: t designate an ind | widual or |
| The name and the Florid | a street address of the regis | stered agent are: | | | |
| ~ | tuai k | Landall | | _ | |
| | 17817 N | W 62 Ave | | | |
| | Florida street address (P.O | . Box <u>NOT</u> accepta | ıble) | _ | |
| | <u>Alachua</u> | Ff. | 32615 | • | |
| _ | City | | Zip | | |
| the place designated capacity. I further agre | registered agent and to acce in this certificate, I hereby a ee to comply with the provis a familiar with and accept the Registered Agent's S | accept the appointmations of all statutes references of all statutes of the obligations of my Chapter 605, F.S | ent as register, elating to the p position as re | ed agent and agree proper and comple | e to act in this ete performance |
| | (CONT | 'INUED) | | | # 3 1. |

Page 1 of 2

TO ADD I DU O TO

| Title: AMBR" = Authorized Member MGR" = Manager | Name and Address: |
|---|--|
| MGR | Paul Randall 17817 MW 62 14-1 |
| MGR | Abigail Randall 17817 NW 62 Aug Alachua, Fr. 32615 |
| | |
| | |
| Jse attachment if necessary) | date of filing: (OPTION AL) |
| V: Effective date, if other than the cive date is listed, the date must be filing.) | date of filing: (OPTIONAL) e specific and cannot be more than five business days prior to or 9 |
| V: Effective date, if other than the | date of filing: (OPTIONAL) e specific and cannot be more than five business days prior to or 9 |
| V: Effective date, if other than the clive date is listed, the date must be filing.) VI: Other provisions, if any. EQUIRED SIGNATURE: Signature of a (In accordance with section constitutes an affirmation u I am aware that any false in | member or an authorized representative of a member. 1000 (1) (b), Florida Statutes, the execution of this document ander the penalties of perjury that the facts stated herein are true. 1000 (1) (a) (b) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c |

Page 2 of 2