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## **COVER LETTER**

TO: New Filing Section Division of Corporations
SUBJECT: NET-NET LLC.
Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
ROSEMARY NADEAU
40 2907 PROPERTIES LLC: Firm/Company
2907 STATE ROAD 590- Suite#1
City/State and Zip Code  RUSEMPRY NADEAU HAM PADGY, VY. COV  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
ROSEMARY DAVEAU at (121) 688-5825  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \text{Certificate of Status} \text{S155.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)} \text{\$\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)}
Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314  Street Address New Filing 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:	
NET-NET L	LC.
(Must contain the words "Limited Liability Con	
ARTICLE II - Address: The mailing address and street address of the principal office of the I	Limited Liability Company is:
Principal Office Address:	Mailing Address:
2907 S.R. 590	<u>same</u>
CIEFFWATER PLA 33.15	7
ARTICLE III - Registered Agent, Registered Office, & Registered (The Limited Liability Company cannot serve as its own Registered another business entity with an active Florida registration.)	ed Agent's Signature: Agent. You must designate an individual or
The name and the Florida street address of the registered agent are:	
Name  203 Wwey  Florida street address (P.O. Box)  City State	ADEAU  VIEW Ct.  NOT acceptable)  Wr, FL 34695  Zip
Having been named as registered agent and to accept service of process place designated in this certificate, I hereby accept the appointment as r further agree to comply with the provisions of all statutes relating to the am familiar with and accept the obligations of my position as registered Registered Agent's	egistered agent and agree to act in this capacity. I proper and complete performance of my duties, and I
(CONTIN	HED)

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Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager / AMBR	Rosemary Nadeau 203 water View of: 5. H. F. A. 346.95
(Use attachment if necessary)	
of filing.) f the date inserted in this block does not meet t	and cannot be more than five business days prior to or 90 days the applicable statutory filing requirements, this date will not be
ment's effective date on the Department of St	ate's records.
EVI: Other provisions, if any.	

**REQUIRED SIGNATURE:** 

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State

constitutes a third degree felony as provided for in s.817.155, F.S.

Typed or printed-name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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