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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

CONTACT PERSON: Roxanne Turner - EXT.

Phone: 850-558-1500

ACCOUNT NO. : 12000000195 REFERENCE: 334834 8155660 AUTHORIZATION : COST LIMIT : ORDER DATE: August 6, 2018 ORDER TIME : 11:07 AM ORDER NO. : 334834-005 CUSTOMER NO: 8155660 DOMESTIC FILING NAME: NMB HOME LLC EFFECTIVE DATE: ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP XXX ARTICLES OF ORGANIZATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: \_\_\_ CERTIFIED COPY XX PLAIN STAMPED COPY \_\_\_\_ CERTIFICATE OF GOOD STANDING

EXAMINER'S INITIALS:

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability (	Company is:			
NMB HOME LLC				
(Must contain	the words "Limited	Liability Company,	"L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street addr	ress of the principal o	office of the Limited	Liability Company is:	
<u>Prîncipa] (</u>	Office Address:		Mailing Ac	ddress:
310A MAIN STREET			A MAIN STREET	
LEBANON, NJ 08833	3	LEB	ANON, NJ 08833	
•	-			
The name and the Florida street add	dress of the registered	d agent are:		-
The name and the Florida street add	dress of the registered	d agent are: se Company Name	cceptable)	-
The name and the Florida street add	dress of the registered Corporation Service 1201 Hays Street	d agent are: se Company Name	cceptable)	-
The name and the Florida street add	dress of the registered Corporation Service 1201 Hays Street Florida street addres	d agent are: se Company Name ss (P.O. Box <u>NOT</u> ac	•	- -
	dress of the registered  Corporation Service  1201 Hays Street Florida street addres  Tallahassee  City  ent and to accept service the apprissions of all statutes re-	d agent are:  se Company  Name  ss (P.O. Box NOT ac  FL  State  sice of process for the proper as registered agent a	32301 Zip above stated limited la ad agent and agree to e and complete perform	uct in this capacity. I nance of my duties, and I

(CONTINUED)

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	RICHARD STEINBERG
AMBR	310A MAIN ST
	LEBANON, NJ 08833
	<u>CEB/44014, 140 00000</u>
(Use attachment if necessary)  LE V: Effective date, if other than the d	rate of filing: (OPTIONAL)
CLE V: Effective date, if other than the diffective date is listed, the date must be e of filing.)	ot meet the applicable statutory filing requirements, this date will not be list
CLE V: Effective date, if other than the diffective date is listed, the date must be e of filing.)  If the date inserted in this block does not be determined in the Department's effective date on the Department.	specific and cannot be more than five business days prior to or 90 days a ot meet the applicable statutory filing requirements, this date will not be list
TLE V: Effective date, if other than the diffective date is listed, the date must be e of filing.)  If the date inserted in this block does not ment's effective date on the Department's effective date on the Department's cle VI: Other provisions, if any.  REQUIRED SIGNATURE:	specific and cannot be more than five business days prior to or 90 days a set meet the applicable statutory filing requirements, this date will not be listent of State's records.
LE V: Effective date, if other than the diffective date is listed, the date must be of filing.)  If the date inserted in this block does not ument's effective date on the Department.  LE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a This document is excelled.	specific and cannot be more than five business days prior to or 90 days a set meet the applicable statutory filing requirements, this date will not be list ent of State's records.
CLE V: Effective date, if other than the diffective date is listed, the date must be e of filing.)  If the date inserted in this block does not current's effective date on the Department's ef	specific and cannot be more than five business days prior to or 90 days a set meet the applicable statutory filing requirements, this date will not be list ent of State's records.  member or an authorized representative of a member. ecuted in accordance with section 605.0203 (1) (b), Florida Statutes. Talse information submitted in a document to the Department of State

## Filing Fees:

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

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)