

L20000002643

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H20000002197 3)))



H200000021973ABCV

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : HUBCO
Account Number : 104662003400
Phone : (516) 935-3940
Fax Number : (516) 935-3088

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: Charlesm@cpamassie.com

**FLORIDA LIMITED LIABILITY CO.
NAH22, LLC**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

FILED
20 JAN - 2 11 45
TALLAHASSEE, FL 32304

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is: NAH22, LLC

ARTICLE II - Address

The mailing address and street address of the principal office of the Limited Liability Company is:

13627 Pine Villa Lane
Fort Myers, FL 33912

ARTICLE III -

Registered Agent, Registered Office & Registered Agents Signature

The name and Florida street address of the registered agent are:

Charles Abels Massie, CPA
Name

15671 San Carlos Blvd., Ste. 201
(P.O. Box or Mail Drop Box NOT acceptable)

Fort Myers, FL 33908
(City/State/Zip)

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

Charles Abels Massie, CPA
Registered Agent's Signature

ARTICLE IV -

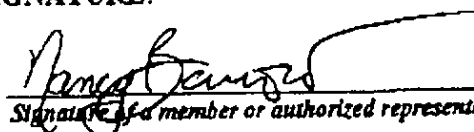
The name and address of each person authorized to manage and control the Limited Liability Company:

<u>Title:</u>	<u>Name and Address:</u>
"AMBR" = Authorized Member	
"MGR" = Manager	
"MGMR" = Managing Member	
<u>MGMR</u>	<u>Howard Barrow</u> <u>13627 Pine Villa Lane</u> <u>Fort Myers, FL 33912</u>
<u>MGMR</u>	<u>Nancy Barrow</u> <u>13627 Pine Villa Lane</u> <u>Fort Myers, FL 33912</u>

ARTICLE V -

Effective date, if other than the date of filing: January 3rd, 2020
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:


Signature of a member or authorized representative of a member

(In accordance with section 605.0203(1)(B), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

Nancy Barrow, MGMR
Typed or printed name of signee