

L23000015489

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

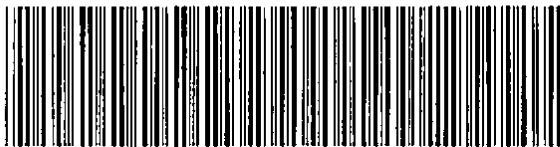
(Business Entity Name)

(Document Number)

Number of Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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S. CHATHAM  
JAN 13 2023

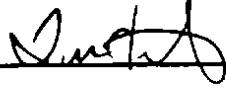
FILED  
STATE  
OFFICE OF CORPORATIONS  
JAN 13 PM 4:29

JAN 13 AM 8:29

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-5437  
(850) 524-6243

**PLEASE USE FUNDS FROM ACCT: 120210000160 AMOUNT: \$125.00**

AUTHORIZATION: \_\_\_\_\_  
NDB Hill Holdings, LLC



**Business Name**

**Document Number, (if known):**

\_\_\_ Walk in

\_\_\_ Pick up time \_\_\_

\_\_\_ Mail out

\_\_\_ Will wait \_\_\_ Photocopy

\_\_\_ **Certified Copy of Articles of Incorporation**

\_\_\_ **Certificate of Status**

**NEW FILINGS**

\_\_\_ Profit

\_\_\_ Not for Profit

X Limited Liability

\_\_\_ Domestication

\_\_\_ Other

\_\_\_ **CORP**

\_\_\_ **PLLC**

**AMMENDMENTS**

\_\_\_ Amendment

\_\_\_ Resignation of R.A. Officer/Director

\_\_\_ Change of Registered Agent

\_\_\_ Dissolution

\_\_\_ Merger

\_\_\_ Conversion

\_\_\_ **Amended and restated Articles**

**OTHER FILINGS**

\_\_\_ Annual Report

\_\_\_ Fictitious Name

\_\_\_ APOSTIL() \_\_\_

\_\_\_ Other

**Country**

**REGISTRATION/QUALIFICATIONS**

\_\_\_ Foreign filing

\_\_\_ Limited Partnership

\_\_\_ Reinstatement

**CLERK'S INITIALS: \_\_\_\_\_**

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: NDB HILL HOLDINGS, LLC  
Name of Limited Liability Company

The enclosed Articles of Organization and feets) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lissa MacDonald  
Name of Person  
Ledbetter Law Group  
Firm/Company  
229 Pensacola Rd  
Address  
Venice, FL 34285  
City/State and Zip Code  
corp@ledbetterlawfl.com  
E-mail address. (to be used for future annual report notification)

For further information concerning this matter, please call:

James L. Butler                      941                      650-6969  
at (                      )  
Name of Person                      Area Code                      Daytime Telephone Number

Enclosed is a check for 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)

Mailing Address  
New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address  
New Filing Section Division  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

NDB HILL HOLDINGS, LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

28100 L. BURTON FLETCHER CT.  
BONITA SPRINGS, FL 34135

28100 L. BURTON FLETCHER CT.  
BONITA SPRINGS, FL 34135

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

STEVEN W. LEDBETTER

Name

229 PENSACOLA RD.

Florida street address (P.O. Box NOT acceptable)

VENICE

FL

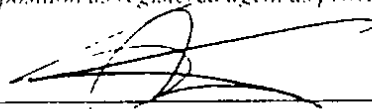
34285

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.*



Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED  
STEPHAN L. JONES  
DIVISION OF CORPORATE LAW  
23 JAN 13 PM 4:29

ARTICLE IV-

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

Title:  
"AMBR" - Authorized Member  
"MGR" - Manager

Name and Address:

AMBR

JAMES L. BUTLER  
28100 L. BURTON FLETCHER COURT  
BONITA SPRINGS, FL 34135

AMBR

DINA R. COLELLA  
28100 L. BURTON FLETCHER COURT  
BONITA SPRINGS, FL 34135

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
JAN 13 PM 4:29

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 1/12/23 (OPTIONAL)

(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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: 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.

STEVEN W. LEDBETTER

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)