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(Requestor's Name)

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(Business Entity Name)

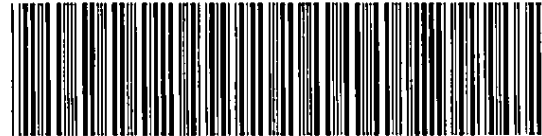
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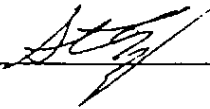
CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

ALIDAN NNK LLC

Please Debit FCA000000003 For: 125

Thank you Seth Neeley



Signature

Requested by:

Name

Date

Time

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RA Resignation _____
Dissolution / Withdrawal _____
Annual Report / Reinstatement _____
Cert. Copy _____
Photo Copy _____
Certificate of Good Standing _____
Certificate of Status _____
Certificate of Fictitious Name _____
Corp Record Search _____
Officer Search _____
Fictitious Search _____
Fictitious Owner Search _____
Vehicle Search _____
Driving Record _____
UCC 1 or 3 File _____
UCC 11 Search _____
UCC 11 Retrieval _____
Courier _____

**ARTICLES OF ORGANIZATION
OF
ALIDAN NNK LLC**

**ARTICLE 1
NAME**

The name of the limited liability company is ALIDAN NNK LLC.

**ARTICLE 2
ADDRESS**

The mailing address and street address of the principal office of the limited liability company are:

Principal Office Address: 8598 Southwest 63 Avenue
Miami, Florida 33143

Mailing Address: 8598 Southwest 63 Avenue
Miami, Florida 33143

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**ARTICLE III
REGISTERED AGENT**

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

Bruce Turkel
8598 Southwest 63 Avenue
Miami, Florida 33143

**ARTICLE IV
MANAGEMENT**

The name and address of the person authorized to manage and control the limited liability company is:

Title: Manager Name and address: Bruce Turkel
8598 Southwest 63 Avenue
Miami, Florida 33143

Title: Manager Name and address: Gloria Turkel
8598 Southwest 63 Avenue
Miami, Florida 33143

These Articles of Organization 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 Section 817.155, Florida Statutes.

DocuSigned by:

Bruce Turkel

AD089144FFC22ABA

BRUCE TURKEL, Authorized Agent

ACCEPTANCE OF APPOINTMENT BY REGISTERED AGENT

Having been named as registered agent and to accept service of process for the above 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 property 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, Florida Statutes.

DocuSigned by:

Bruce Turkel

AD089144FFB24BA

BRUCE TURKEL, Registered Agent

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