

L95000000727

THOMAS S. RUTHERFORD
and ASSOCIATES, P.A.

11016 N. Dale Mabry Hwy.
Suite 201
Tampa, Florida 33618-3802
(813) 960-2178

916 Walt Williams Rd.
Lakeland, Florida 33809
(813) 858-9528

Sept. 18,
~~August 11~~, 1995

Sec. of State, Florida
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

400001589434
-09/20/95--01051--001
****285.00 ****285.00

Dear friends:

Please register the enclosed Limited Liability Company.
A copy is enclosed so that you might conform it and return it
to me in the self-addressed stamped enclosed envelope.

You need not provide a certified copy yet so a \$285
check is all that is enclosed.

Thank you for your assistance.

Sincerely,

THOMAS S. RUTHERFORD, ESQ.

SEP 22 1995

FILED
55 SEP 20 AM 9:47
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION
FOR
NAIDIP, L.C.
(a Florida Limited Liability Company)**

FILED
95 SEP 20 AM 9:47
CLERK OF STATE
TALLAHASSEE, FLORIDA

I, the undersigned, hereby file these Articles of Organization for Naidip, L.C. pursuant to
Florida Statutes Section 608 and declare:

**ARTICLE I
NAME**

The name of this Limited Liability Company shall be: NAIDIP, L.C.

**ARTICLE II
ADDRESS**

The mailing address and the street address of the principal office shall be 11016 N. Dale Mabry
Hwy., Tampa, FL 33618-3802.

**ARTICLE III
DURATION**

The period of its duration shall be perpetual.

**ARTICLE IV
MANAGEMENT**

The management of it shall be a manager whose name and address is:

Pradip C. Patel
11016 N. Dale Mabry Hwy.
Tampa, Florida 33618-3802

ARTICLE V
AFFIRMATION OF MEMBERSHIP AND CONTRIBUTION

The undersigned hereby affirms that there are at least two members and their actual cash contribution at formation, or anticipated, is \$1,000.00 and there is no property in-kind contribution.

ARTICLE
REGISTERED AGENT AND OFFICE

The registered agent and office of the company shall be:

Pradip C. Patel
11016 N. Dale Mabry Hwy.
Tampa, Florida 33618-3802

IN WITNESS WHEREOF, the undersigned has executed these Articles this 4th day of August, 1995.

Pradip C. Patel
PRADIP C. PATEL

STATE OF FLORIDA
COUNTY OF HILLSBOROUGH

BEFORE ME, a Notary Public authorized to take acknowledgments in the State and County set forth above, personally appeared PRADIP C. PATEL, the person who executed the foregoing and acknowledged to me that he executed these Articles for the uses and purposes therein contained.

IN WITNESS WHEREOF, I have set my hand and seal in the State and County aforesaid on this 4th day of August, 1995.

Notary Public: Thomas J. [Signature]
seal, commission expires, and com. no.:

ACKNOWLEDGMENT AND ACCEPTANCE BY REGISTERED AGENT

Pursuant to Florida Statutes, as from time to time amended, the following is submitted, in compliance with Act: NAIDIP, L.C. desiring to organize under the laws of the State of Florida with its Principal office as indicated in the Articles, at 11016 N. Dale Mabry Hwy., Tampa, Florida 33618-3802, has named PRADIP C. PATEL of Tampa, Florida, as its Registered Agent to accept service of process and serve all other functions of a registered agent within the state.

Having been named to accept service of process for the above-named Limited Liability Company at the place designated in the foregoing Articles, I do hereby accept the responsibility to act in this capacity, and agree to comply with the provisions of said Act relative to keeping open said office.

Registered Agent *Pradip C. Patel*
PRADIP C. PATEL

STATE OF FLORIDA
COUNTY OF HILLSBOROUGH

BEFORE ME, a Notary Public authorized to take acknowledgment in the State and County set forth above, personally appeared PRADIP C. PATEL, personally known to me or who presented proof of identity by N/A to be the person who executed the foregoing and he acknowledged to me that he executed these Articles for the purposes and uses therein expressed.

IN WITNESS WHEREOF, I have set my hand and seal in the State and County aforesaid on this 4th day of August, 1995.

Notary Public: *Thomas J. Sullivan*

seal, commission expires, and com. no.:

FILED
SEP 20 AM 9:47
TALLAHASSEE, FLORIDA

2nd NOTICE: Limited Liability Company Will Be Dissolved On Or After August 21, 1996. If Dissolved, Minimum Amount Due To Reinstato: \$738.75

LIMITED LIABILITY COMPANY ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra D. Byham Secretary of State DIVISION OF CORPORATIONS
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FILED
36 JUN 28 AM 8:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILING FEE \$ 263.75	Annual Report \$100.00 + \$138.75 Corporation Supplemental Fee + \$25.00 LATE FEE Make Check Payable To: FLORIDA DEPARTMENT OF STATE
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1. Name and Mailing Address of Limited Liability Company	DOCUMENT # L95000000727
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NAIDIP, L.C.
11016 N. DALE MABRY HWY.
TAMPA FL 33618-3802

1a. Principal Place of Business Address 11016 N. DALE MABRY HWY. TAMPA FL 33618

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a

2. Principal Place of Business Suite, Apt #, etc City & State Zip Country	2a. Mailing Address Suite, Apt #, etc City & State Zip Country
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3. Date Organized or Qualified 09/20/1995	3a. State of Formation FL
4. FEI Number 59-3362391	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Date of Last Report	6. Certificate of Status Desired <input type="checkbox"/> \$3.75 Additional Fee Required

7. Name and Address of Current Registered Agent PATEL, PRADIP C 11016 N. DALE MABRY HWY. TAMPA FL 33618
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8. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt #, etc City FL Zip Code
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9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations

SIGNATURE _____	DATE _____
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10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	PATEL, PRADIP C	11016 N. DALE MABRY HWY.	TAMPA FL

500001885619
-07/05/96--01084--035
****3362391****263.75

Pradip C. Patel
7/6/96

11. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes, and that my name appears in Block 10, or on an attachment with an address

SIGNATURE: <i>Pradip C. Patel</i>	6-3-96	813-960-2530
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