# L9800000575

April 20, 1998

Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399

To Whom it may Concern:

Please process the attached Articles of Organization for Florida Limited Liability Company in regards to Nu-Way Limited Co.

Enclosed you will find my check for \$285.00 to cover filing fees and designation of registered agent.

If there are any questions regarding this request please contact Frances Martin @ P.O. Box 3264, Lantana, FL 33462. Telephone (561) 588-0218.

Sincerely,

Frances Martin

900002496409--1 -04/22/98--01047--002 \*\*\*\*285.00 \*\*\*\*285.00

Was a series of the series of



#### FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

April 28, 1998

FRANCES MARTIN P.O. BOX 3264 LANTANA, FL 33462

SUBJECT: NU-WAY LIMITED COMPANY

Ref. Number: W98000009487

FILED
98 16-6 PM 2: 16
SECRITARY OF STAIL

We have received your document for NU-WAY LIMITED COMPANY and your check(s) totaling \$285.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Your limited liability company name is unavailable, pursuant to section 608.406(4), Florida Statutes. Since it is not distinguishable from the name of an existing entity. Please select a new name and make the substitution in all apprpriate places. One or more words must be added to make the name distringuishable from the one presently on file.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6025.

Cathy A Mitchell Corporate Specialist

Letter Number: 598A00023019

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The	name	of the	Limited	Liability	Company	is:

L-WAY II ARTICLE II - Address:

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

Mailing P.O. Box 3264 Lantana, FL 33462 Office 3525 S. Ocean Blvd.No. 306 S. Palm Beach, FL 33480

**ARTICLE III - Duration:** 

The period of duration for the Limited Liability Company shall be:

Perpetual Besinning 5/1/98

**ARTICLE IV - Management:** 

(Check the appropriate box and complete the statement)

The Limited Liability Company is to be managed by a manager or managers and the hame(s) and address(es) of such manager(s) who is/are to serve as manager(s) is/are:

Frances Martin P.O. Box 3264 Lantana, FL 33462 Ann Martin 3958 SE Fort King St. Ocala, FL 34471

The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/are:

#### **ARTICLE V - Admission of Additional Members:**

The right, if given, of the members to admit additional members and the terms and conditions of the admissions shall be:

No right given.

## **ARTICLE VI - Members Rights to Continue Business:**

The right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be:

No right given to continue business.

SLURETARY OF STATE
TALLAHASSEE, FLORIDA

# ARTICLE VII - Affidavit of Membership and Contributions

	_certifies:
) the above named limited liability company has at least two members;	
the total amount of cash contributed by the member(s) is F. Martin 10G A. Martin 10G	\$ <i>30</i> ,000.
(A description of the property is attached and made a part hereto.); and (b) the total amount of cash and property contributed and anticipated to be	is \$
contributed by member(s) is	\$ <b>20.</b> 000.

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

rances Martin

Typed or printed name of signee

Filing Fee: \$250.00 for Articles and Affidavit

# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1.	The name of the limited liability company is: Nu-Way Limited Company	
2.	The name and the Florida street address of the registered agent are:	186 Way 2 X J
	Name Size o	, = ·
	9525 S. Odean Bive., No. 300	PED.
	Florida street address (P. O. Box NOT ACCEPTABLE)	 J
	So. Palm Beach, FL 33480	-
	CITY, STATE AND 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.

SIGNATURE

Filing Fee: \$ 35 for Designation of Registered Agent