

TRANSMITTAL LETTER

L98000003119

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: N.F.I.G. LLC
(Proposed corporate name - must include suffix)

200002709022--2
-12/10/98--01064--012
****285.00 ****285.00

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: MARY LAWSON
Name (Printed or typed)

742 West Madison St.
Address

Tallahassee, Fl. 32304
City, State & Zip

926-9261
Daytime Telephone number

Name Availability	<i>MAH</i>
Document Examiner	<i>MAH</i>
Updater	<i>MAH</i>
Updater Verifier	<i>MAH</i>
Acknowledgement	<i>MAH</i>
W. P. Verifier	<i>MAH</i>

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 DEC 10 PM 1:25

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

N. F. I. G. LLC

ARTICLE II - Address:

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

742 WEST MADISON STREET
Tallahassee, Florida 32304

ARTICLE III - Duration:

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

50 years

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 name(s) and address(es) of such manager(s) who is/are to serve as manager(s) is/are:

Robert Walsh
742 West Madison Street
Tallahassee, Florida 32304

☐ 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:

admitted upon the prior unanimous written agreement
of the then existing Members

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ARTICLE VI - Members Rights to Continue Business:

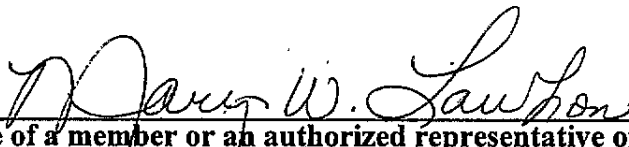
The right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability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

continued and the Company shall not be dissolved without the prior written consent of all the remaining Members of the Company.

ARTICLE VII - Affidavit of Membership and Contributions

The undersigned member or authorized representative of a member of N.F.I.G., LLC
_____ certifies:

- 1) the above named limited liability company has at least one member;
- 2) the total amount of cash contributed by the member(s) is \$ 0 ;
- 3) if any, the agreed value of property other than cash contributed by member(s) is \$ 0 ;
(A description of the property is attached and made a part hereto.); and
- 4) the total amount of cash and property contributed and anticipated to be contributed by member(s) is \$ 0 .



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.)

Mary E. Lawhon

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} 608.507 FLORIDA STATUTES, THE
UNDERSIGNED LLC ORGANIZED UNDER THE LAWS OF THE STATE OF
FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED
OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

N. F. I. G. LLC

1. The name of the _____ is: _____

2. The name and address of the registered agent and office is:

(NAME)
210 Shell Point Realty - Attn Mary Lawton
2473 Crawfordville Hwy
(P.O. Box or Mail Drop Box NOT ACCEPTABLE)
Crawfordville, FL 32327
(CITY/STATE/ZIP)

Having been named as registered agent and to accept service of process for the above stated corporation 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.

Mary Lawton
(SIGNATURE)

12-10-96
(DATE)