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PICK-UP WAIT MAIL								
(Business Entity Name)								
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03/07/05--01023--009 **125.00



TRANSMITTAL LETTER

PO: Registration Section Division of Corporations
SUBJECT: NGRM, LLC
(Name of Limited Liability Company)
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida
Please return all correspondence concerning this matter to the following:
Norman Rapino (Name of Person)
(Name of Person)
NGRM LLC SSC TO THE TOTAL SSC TOTAL SSC TO THE TOTAL SSC TO THE TOTAL SSC TO THE TOTAL SSC TO THE TOTAL SSC TOTAL SSC TO THE
(Firm/Company)
Norman Rapido (Name of Person) NGRM, LLC (Firm/Company) 4020 Secor Rd (Address)
(Address)
Toledo OH 43623
(City/State and Zip Code)
For further information concerning this matter, please call:
Brent Seiler at (419) The 5000 (Name of Person) (Area Code & Daytime Telephone Number)
(Name of Person) (Area Code & Daytime Telephone Number)
STREET ADDRESS: Registration Section Registration Section
Division of Corporations 409 E. Gaines Street Division of Corporations P.O. Box 6327
Tallahassee, Florida 32399 Tallahassee, Florida 32314
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\Bigcup \$130.00 Filing Fee & \$\Bigcup \$155.00 Filing Fee & \$\Bigcup \$160.00 Filing Fee, Certificate Copy of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

	COMPLIANCE WITH MITED LIABILITY COM						JBMITTED 1	TO REGISTER	? A FOREIGN	
			M, LLC			<i>3,</i> 				
1.	(Name of Foreign Limited Liability Company)									
_	State of	α	: (>			1-190319	ad			
۷٠,	(Jurisdiction under the company is organized)	law of whic	h foreign limited lia	bility		(FEI numb	er, if applic	able)		
•	company is organized) /					Ω . Ι	0			
4.	8/99			5.		resperu				
	(Date of	Organizatio	on)		(Duration: exist or "p	: Year limited perpetual")	liability con	ipany will ca	se to	
6.	NA	-							in Th	
υ.		(Date fire	st transacted busines ons 608,501 & 608,5	s in Flor	da, if prior to	o registration.)	v)	- 25°	1	
	4020		ħ.	OL 1.5. v	o determine j	penatey naomi	3)	SHS.	P	
7.	9020	Secor	104						=	
	toledo	OH	43623					927	••	
			(Street A	ddress of	Principal O	ffice)		P S S	- 45-	
Q	If limited liability	company	is a manager-ma	naged c	omnany c	heck here □	٦	Ų.		
о.	ii iiiiiied iidoiiity	company	is a manager ma	nagoa c	ompuny, c	Hook Here L				
9.	The name and usu	al busines	s addresses of th	e manag	ging memb	ers or mana	gers are as	s follows:		
	Norman Ro	Griga								
	4020 Sevor	<u> </u>								
	Toledo, on	43623								
the tra	Attached is an original jurisdiction under the landstation of the certificate. Nature of busine	aw of which e under oath o	it is organized. (A pl of the translator must	notocopy be submi	is not accepta tted.)	ble. If the certif	ficate is in a	foreign langua		
	1	C				· · · -				
	Mortgages	for	Consumers	<u> </u>						
	,		11	wend	٠			_		
	Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)									
			Norman	Rapi	^ \(\)					
	Norman Rapino Typed or printed name of signee									

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 nam	200 Page			
NGRM, LLC				产业 善一
2. The nam	e and the Florida street addres	s of the registered ago	ent and office ar	HASSET
	Capitol Corporate Services,	, inc.		T O
		(Name)		
	1333 N. Duvai St.		•	NOAK SONKS
	Tallahassee	FĹ	32303	
		City/State/Zip		
liability com agent and as relating to th	n named as registered agent and pany at the place designated in gree to act in this capacity. I fut he proper and complete perform of my position as registered age (Signature)	this certificate, I here rther agree to comply nance of my duties, and	by accept the app with the provision I I am familiar w	pointment as registered ns of all statutes ith and accept the

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

United States of America State of Ohio Office of the Secretary of State

I, J. Kenneth Blackwell, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign corporations; that said records show NGRM, LLC., an Ohio Limited Liability Company, Registration Number 1093964, was organized within the State of Ohio on August 19, 1999, is currently in FULL FORCE AND EFFECT upon the records of this office.





Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 28th day of February, A.D. 2005

Ohio Secretary of State

Validation Number: V200556FB8479