

L04 0000 15475

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

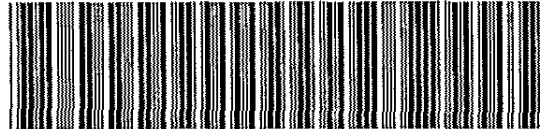
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300028921123

02/17/04--01040--024 **130.00

FILED
04 FEB 17 AM 8:26
TALLAHASSEE, FLORIDA

EFFECTIVE DATE

2-13-04

2/27
C. [Signature]

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

EFFECTIVE DATE
2-13-04

RECEIVED
TALLAHASSEE, FLORIDA

04 FEB 17 AM 8:26

FILED

SUBJECT: NECTAR CUTS, LLC

(Proposed company name - must include suffix)

Enclosed is an original and one (1) copy of the Limited Liability Company and a check for:

☐ \$125.00
Filing fee & Designation
of Registered Agent

☒ \$130.00
Filing Fee, Designation of
Registered Agent, &
Certificate of Status

☐ \$160.00
Filing Fee, Designation
of Registered Agent,
Certified Copy, &
Certificate of Status

Please return all correspondence concerning this matter to the following:

KELLY WILSON
1581 DEMING DRIVE
ORLANDO, FL 32825

For Further information concerning this matter, please call: KELLY WILSON
at 407-277-4940.

Street Address:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

ARTICLES OF ORGANIZATION

OF

NECTAR CUTS, LLC

The undersigned subscribers to this limited liability company, natural persons competent to contract, hereby form a limited liability company under the laws of the State of Florida.

EFFECTIVE DATE

2-13-04

ARTICLE I - NAME

The name of the Limited Liability Company is: NECTAR CUTS, LLC

ARTICLE II - ADDRESS

The mailing address and the street address of the principal office of the Limited Liability Company is 1581 DEMING DRIVE, ORLANDO, FL 32825.

ARTICLE III - REGISTERED AGENT

The registered agent of this corporation shall be:

NAME

ADDRESS

KELLY WILSON

1581 DEMING DRIVE
ORLANDO, FL 32825

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 as provided for in Chapter 608, F.S.


KELLY WILSON

ARTICLE IV - MANAGEMENT

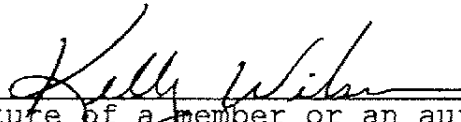
The name and address of each Manager or Managing Member is as follows:

<u>Title:</u>	<u>Name and Address:</u>
President:	KELLY WILSON 1581 DEMING DRIVE ORLANDO, FL 32825
Secretary:	KELLY WILSON 1581 DEMING DRIVE ORLANDO, FL 32825
Treasurer:	KELLY WILSON 1581 DEMING DRIVE ORLANDO, FL 32825

FILED
04 FEB 17 AM 8:26
TALLAHASSEE, FLORIDA

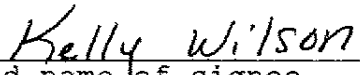
ARTICLE V - EFFECTIVE DATE

The effective date of the Limited Liability Company is requested to be 02-13, 2004.



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

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



Printed name of signee

Filing Fees:

\$100.00 Filing Fee for Articles of Organization
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

IN WITNESS WHEREOF, We have hereunto set our hands and seals, acknowledged and filed the foregoing Limited Liability Company under the laws of the State of Florida this 13 day of February, 2004.

Kelly Wilson
KELLY WILSON

FILED
04 FEB 17 AM 8:26
TALLAHASSEE, FLORIDA

STATE OF FLORIDA)
)
COUNTY OF SEMINOLE)

The foregoing instrument was acknowledged before me this 13 day of February, 2004, by KELLY WILSON, who is personally known to me or who has produced driver's license as identification and who did take an oath.



Kelly Kirkpatrick
Notary Public, State of Florida
At Large

My Commission Expires:

Having been named as Registered Agent and to accept Service of Process for the above-stated company at the place designated herein, 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.

Kelly Wilson
KELLY WILSON

DATE: 02-13-04