

L10000046545

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

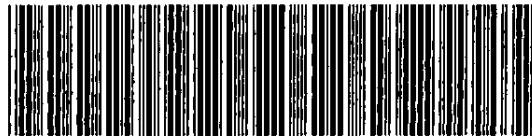
(Business Entity Name)

(Document Number)

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04/29/10--01034--013 \*\*125.00

EFFECTIVE DATE 5/1/2010

10 APR 29 PM 12:29

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

B. KOHR

MAY 4 2010

EXAMINER

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** The Nary Team LLC  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

**EFFECTIVE DATE** 5/1/2011

Please return all correspondence concerning this matter to the following:

Jacqueline Nary  
Name of Person

The Nary Team LLC  
Firm/Company

27112 Edenbridge Ct.  
Address

Bonita Springs FL 34135  
City/State and Zip Code

Jackie nary@comcast.net  
E-mail address: (to be used for future annual report notification)

FILED  
SECRETARY OF CORPORATIONS  
DIVISION OF CORPORATIONS  
10 APR 29 PM 12:29

For further information concerning this matter, please call:

Jacqueline Nary at (239) 218-0328  
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

**Street/Courier Address**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

EFFECTIVE DATE 5/1/2010

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

The Nary Team LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

FILED STATE  
SECRETARY OF CORPORATIONS  
DIVISION OF CORPORATIONS  
10 APR 29 PM 12:29

**ARTICLE II - Address:**

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

**Principal Office Address:**

**Mailing Address:**

27112 Edenbridge Ct.  
Bonita Springs, FL  
34135

27112 Edenbridge Ct.  
Bonita Springs FL  
34135

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Jacqueline Nary

Name

27112 Edenbridge Ct.

Florida street address (P.O. Box NOT acceptable)

Bonita Springs FL 34135

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 as provided for in Chapter 608, F.S..*

*Jacqueline Nary*  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

**ARTICLE IV- Manager(s) or Managing Member(s):**

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

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGR

Jacqueline Nary  
2712 Edenbridge Ct.  
Bonita Springs FL 34135

MGR

John Nary  
2712 Edenbridge Ct.  
Bonita Springs, FL 34135

\_\_\_\_\_

\_\_\_\_\_

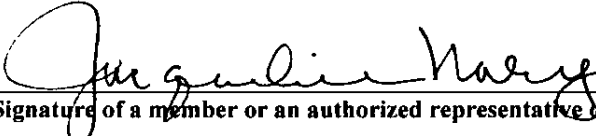
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(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 5/1/2010 (OPTIONAL)  
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**REQUIRED SIGNATURE:**

  
\_\_\_\_\_  
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.)

Jacqueline Nary  
\_\_\_\_\_  
Typed or printed name of signee

**Filing Fees:**

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)