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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 339 Nicholson LLC
Name of Limited Liability Company

Dear Sir or Madam:

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

Please return all correspondence concerning this matter to the following:

Kyle Kelley
Name of Person

Kelley & Associates, LLC
Firm/Company

30 Skyline Drive Suite 200
Address

Lake Mary, FL 32746
City/State and Zip Code

kyle@kylekelley.com
E-mail address: (to be used for future annual report notification)

2011 JUN 30 PM 1:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
FILED

For further information concerning this matter, please call:

Kyle Kelley at (407) 982-4580
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

- \$25 Filing Fee
- \$30 Filing Fee & Certificate of Status
- \$55 Filing Fee & Certified Copy
- \$60 Filing Fee, Certificate of Status & Certified Copy

**Electronic Articles of Organization
For
Florida Limited Liability Company**

L11000071593
FILED 8:00 AM
June 20, 2011
Sec. Of State
ncausseaux

Article I

The name of the Limited Liability Company is:
339 NICHOLSON LLC

Article II

The street address of the principal office of the Limited Liability Company is:
30 SKYLINE DRIVE
SUITE 200
LAKE MARY, FL. 32746

The mailing address of the Limited Liability Company is:
30 SKYLINE DRIVE
SUITE 200
LAKE MARY, FL. 32746

Article III

The purpose for which this Limited Liability Company is organized is:
ANY AND ALL LAWFUL BUSINESS.

Article IV

The name and Florida street address of the registered agent is:
KELLEY & ASSOCIATES, LLC
30 SKYLINE DRIVE
SUITE 200
LAKE MARY, FL. 32746

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.

Registered Agent Signature: KYLE KELLEY

Article V

The name and address of managing members/managers are:

Title: MGRM
339 NICHOLSON LLC
30 SKYLINE DRIVE SUITE 200
LAKE MARY, FL. 32746

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Signature of member or an authorized representative of a member

Electronic Signature: MICHAEL SAWBRIDGE

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.