

L17000009043

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

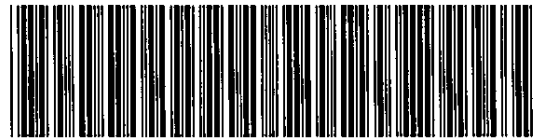
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\$125.-

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16 AUG 24 PM 11:02
CLERK OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 13, 2016

HRISTP GROZDANOV
NIKOL AUTO SALES LLC
4990 SW 52ND STR 3203
DAVIE, FL 33314

We have received your document for NIKOL AUTO SALES LLC and your check(s) totaling \$46.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

This document was previously filed on August 24, 2016.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Sylvia Gilbert
Regulatory Specialist II

Letter Number: 716A00026514

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: NIKOL AUTO SALES LLC
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

HRISTO GROZDANOV
Name of Person

NIKOL AUTO SALES LLC
Firm/Company

4990 SW 52ND STR #203
Address

DAVIE , FL 33314
City/State and Zip Code

grozdanov1977@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

HRISTO GROZDANOV 561 667-9896
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
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

NIKOL AUTO SALES LLC.

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

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

4990 SW 52ND STR #203
DAVIE, FL 33314

4990 SW 52ND STR #203
DAVIE, FL 33314

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:

HRISTO GROZDANOV

Name

7538 COURTYARD RUN E

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

BOCA RATON

FL

33433

City

State

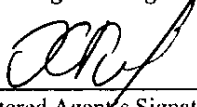
Zip

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

16 AUG 24 PM 11:02

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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 605, F.S.



Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

HRISTO GROZDANOV

7538 COURTYARD RUN E

BOCA RATON ,FL 33433

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: August 24 2016 (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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



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

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any 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.

HRISTO GROZDANOV

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)