

L000000004127

April 3, 2000

Florida Department of State
Registration Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

600003198096--8
-04/06/00--01049--013
****160.00 ****160.00

Dear Sir:

Enclosed please find my Articles of Organization for Liabilities Limited, LLC.
My phone number is 941-926-9332.

Thank you for your assistance in this matter.

Sincerely,

William C. Nelson

William C. Nelson

7152 Rue de Palisades
Sarasota, FL 34238

FILED
00 APR -6 PM 2:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Name Availability	
Document Examiner	LCC
Updater	LCC
Checker/Verifier	LCC
Acknowledgement	LCC
W. P. Verifier	LCC

L000000004127

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I – Name:

The name of the Limited Liability Company is: Liabilities Limited, LLC

ARTICLE II – Address:

The mailing address and street address of the principal office of the Limited Liability Company is:
7152 Rue de Palisades, Sarasota, Florida 34238

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

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

William C. Nelson

Name

7152 Rue de Palisades

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

Sarasota, FL 34238

City, State, and Zip

Having been named as registered agent and to accept service of process from 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 provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar and accept the obligations of my position as registered agent as provided for in Chapter 608 F.S

William C. Nelson

Registered Agent's Signature

ARTICLE IV – Management (Check box if applicable.)

☐ The Limited Liability Company is to be managed by one manager or more managers and is, therefore a Manager – managed company

(An additional article must be added if an effective date is requested)

William C. Nelson

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.)

William C. Nelson

Typed or 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 Certification of Status (OPTIONAL)

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