# L01000021693

NOTECHGROUPILLE 1332 SE BIRMINGROS CT Pons ST LUCIE PL 34952

CR2E031(7/97)

	Office Use Only
CORPORATION NAME(S) & DOCU	MENT NUMBER(S), (if known):
(Corporation Name)	(Document #)
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G. (Corporation Name)	-12/12/0101062003 (Document #) ****125.00 *****125.00
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☐ Walk in ☐ Pick up time ☐ Mail out ☐ Will wait	Photocopy  Certified Copy C  Photocopy  Certificate of Status
NEW FILINGS  Profit Not for Profit Limited Liability Domestication Other	AMENDMENTS  Amendment  Resignation of R.A., Officer/Director  Change of Registered Agent
OTHER FILINGS  Annual Report Fictitious Name	Merger  REGISTRATION/QUALIFICATION  Foreign Limited Partnership Reinstatement Trademark Other

**Examiner's Initials** 

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### **ARTICLE I - Name:**

The name of the Limited Liability Company is:

NU TECH GROUP, LLC.

### **ARTICLE II - Address:**

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

1332 SE Birmingport Court, St. Lucie, FLA 34952

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

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

LINDEL ALPHONSO WILLIAMS	
Name	
1332 SE Birmingport Court	
Florida street address (P.O. Box NOT acceptable)	-
Port St. Lucie FL 34952	
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 de registered agent as provided for in Chapter 608, F.S.

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)

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.)

LINDEL ALPHONSO WILLIAMS

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 Certificate of Status (Optional)