

L04 000028615

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

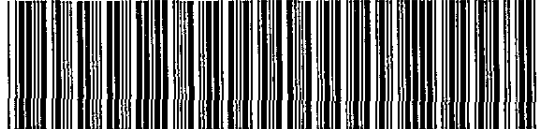
(Business Entity Name)

(Document Number)

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STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

RECEIVED
04 APR 14 PM 4:27

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
04 APR 14 PM 4:34

BA

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Nick's Wood-N-Tricks LLC
(Name of Limited Liability Company)

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
04 APR 14 PM 4:34

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

Please return all correspondence concerning this matter to the following:

Nicholas Lightwine
(Name of Person)

Nick's Wood-N-Tricks LLC
(Firm/Company)

184 Bunkle Rd
(Address)

Quincy FL 32351
(City/State and Zip Code)

For further information concerning this matter, please call:

Nicholas Lightwine at (850)
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Nick's Wood-N-Tricks LLC

ARTICLE II - Address:

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

Principal Office Address:

184 Bunkle Rd
Quincy FL 32351

Mailing Address:

SAME

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

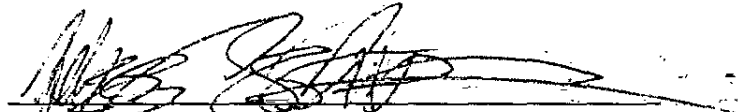
The name and the Florida street address of the registered agent are:

Nicholas Lightwine
Name

184 Bunkle Rd
Florida street address (P.O. Box NOT acceptable)

Quincy FL 32351
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..


Registered Agent's Signature

(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:

MGRM

Nicholas Lightwine
184 Runkle Rd
Quincy FL 32351

MGRM

Peter D'Amico
184 Runkle Rd
Quincy FL 32351

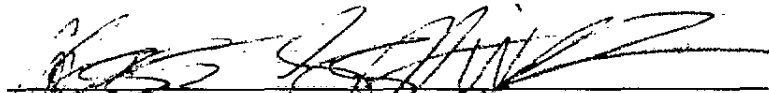
MGRM

Michael Coppola
184 Runkle Rd
Quincy FL 32351

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

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.)

Nicholas Lightwine
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)