

L04000036075

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

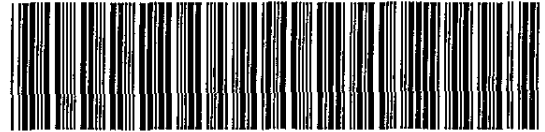
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W0416800

Office Use Only



600033196416

04/22/04--01021--012 **125.00

APPROVED
AND
FILED
04 MAY 11 PM 3:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

5-12-04

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Nu-Sigma L.L.C.
(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:

Byrone LoCasale
(Name of Person)

(Firm/Company)

4609 Holly Dr.
(Address)

TAMARAC, FLA 33319
(City/State and Zip Code)

For further information concerning this matter, please call:

GERALD LoCasale at (954) 733-7855
(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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 MAY 11 PM 3:09

FILED

\$us. 100.00 Filing fee
\$us. 25.00 Designation of Registered Agent.



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

May 3, 2004

BYRONE LOCASALE
4609 HOLLY DR
TAMARAC, FL 33319

SUBJECT: NU-SIGMA L.L.C.
Ref. Number: W04000016860

We have received your document for NU-SIGMA L.L.C. and your check(s) totaling \$125.00. However, the document has not been filed and is being retained in this office for the following:

The first page of your articles was missing. Please complete the enclosed document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6025.

Trevor Brumbley
Document Specialist

Letter Number: 004A00029950

04 MAY 11 PM 3:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
ATTACHED
AND
FILED

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

NU - SIGMA L.L.C.

ARTICLE II - Address:

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

Principal Office Address:

4609 HOLLY DRIVE
TAMARAC, FLA 33319

Mailing Address:

4609 HOLLY DRIVE
TAMARAC, FLA 33319

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

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

Byrone LoCasale
Name
4609 HOLLY DRIVE
Florida street address (P.O. Box **NOT** acceptable)
TAMARAC, FLORIDA 33319
City, State, and Zip

04 MAY 11 PM 3:09
FILED
AND
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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, Florida Statutes..

Byrone LoCasale
Registered Agent's Signature

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

GERALD LoCasale
4609 Holly Dr.
TAMARAC, FLA, 33319

MGRM

HUGO A. VILLEGAS
575 CRANDON BVD #312
Key Biscayne, FL 33149

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

Hugo A. Villegas

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.)

HUGO A. VILLEGAS

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)

04 MAY 11 PM 3:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OFFICE
FILED