

L040000,60500

(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:

Name
Availability

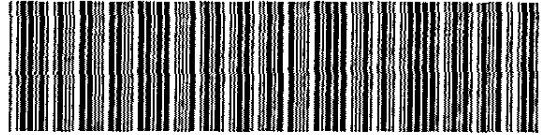
Document
Examiner DCC

Updater DCC Office Use Only

Updater
Verifier DCC

Witness
Acknowledgement DCC

W. P. Verifier DCC



800039116438

07/23/04--01041--005 **130.00

FILED
2004 AUG 16 PM 3:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Suffix

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NSL LTD
(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:

Rich Brown
(Name of Person)

NSL
(Firm/Company)

P.O. Box 441864
(Address)

Jacksonville, FL, 32222
(City/State and Zip Code)

For further information concerning this matter, please call:

Elisa Brown at (904) 472-6907
(Name of Person) (Area Code & Daytime Telephone Number)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2004 AUG 16 PM 3:24

FILED

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



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

July 26, 2004

RICH BROWN
NSL
P.O. BOX 441864
JACKSONVILLE, FL 32222

SUBJECT: NSL LTD
Ref. Number: W04000028542

We have received your document for NSL LTD and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a Limited Liability Company must end with the words "limited company", "limited liability company" or their abbreviation "Ltd. Co." "L.C." or "L.L.C."

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) 245-6913.

Diane Cushing
Document Specialist

Letter Number: 604A00046915

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

NSL LTD. Co.

ARTICLE II - Address:

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

Principal Office Address:

5654 Bennington Drive
Jacksonville, FL
32244

Mailing Address:

P.O. Box 441864
Jacksonville, FL
32222

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

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

Rich Brown

Name

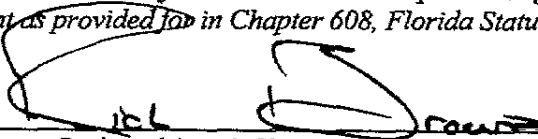
5654 Bennington Drive

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

Jacksonville FLORIDA 32244

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, Florida Statutes..



Registered Agent's Signature

2024 AUG 16 PM 3:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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:

MGR

Rich Brown

P.O. Box 441864
Sacksonville, FL, 32222

MGRM

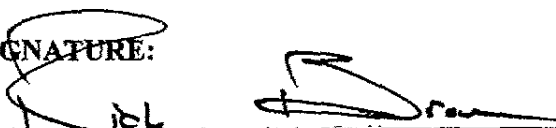
Elise Brown

P.O. Box 441864
Sacksonville, FL, 32222

(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.)

Rich Brown

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)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2004 AUG 16 PM 3:24

FILED