

L04000094007

(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:

Office Use Only



600043485326

12/20/04--01080--002 \*\*160.00

FILED  
2004 DEC 20 PM 1:05  
J. BRYAN CORPORATION  
TALLAHASSEE, FLORIDA

J. BRYAN DEC 29 2004

## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: NRG ASSOCIATES, LLC  
(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:

NICHOLAS J. DEGEL  
(Name of Person)

NRG ASSOCIATES, LLC  
(Firm/Company)

P.O. BOX 618181  
(Address)

ORLANDO, FL 32861  
(City/State and Zip Code)

FILED  
2004 DEC 20 PM 1:05  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

NICK DEGEL at ( 407 ) 758-5858  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input checked="" type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|---|---|--|

**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:

NRG ASSOCIATES, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

6001 TWAIN ST. #107 ORLANDO, FL 32835

**Mailing Address:**

P.O. BOX 618181 ORLANDO, FL 32861

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

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

NICHOLAS J. DEGEL

Name

6001 TWAIN ST. #107

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

ORLANDO, FL 32835

FL

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 J. DEGEL

P.O. BOX 618181

ORLANDO, FL 32861

MGRM

WILLIAM G. JONES

8404 ARBOR GATE COURT

ORLANDO, FL 32819

MGRM

ROBERT J. SHLUZAS

2136 VILLA WAY

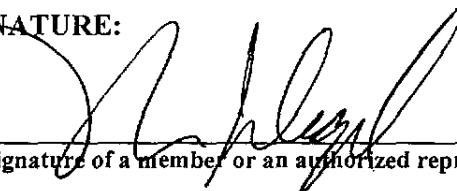
NEW SMYRNA BEACH, FL 32169

FILED  
2004 DEC 20 PM 1:05  
JIM HARRIS CORPORATION  
TALLAHASSEE, FLORIDA

(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 J. DEGEL

\_\_\_\_\_  
Typed or printed name of signee

**Filing Fees:**

**\$125.00 Filing Fee for Articles of Organization and Designation  
of Registered Agent**

**\$ 30.00 Certified Copy (Optional)**

**\$ 5.00 Certificate of Status (Optional)**