0500057589

(Re	equestor's Name)	
(Ad	dress)	
(Ad	idress)	
(0)	(O) 1 (T) (D)	
(Cn	y/State/Zip/Phone	? #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Ceruned Copies		, or otenas
Special Instructions to		
(4/3	FC	, (C)
/	•	





100055537471

06/03/05--01011--013 **1.25.00

MJH

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations		
National IIIV & Consulting Firm III		
SUBJECT: National U.V. & Consulting Firm, LLC	d Liability Company)	
(Name of Emile	a chaomey company)	
The enclosed Articles of Organization and fee(s) are s	ubmitted for filing.	
Please return all correspondence concerning this matter	er to the following:	
Taunya Sitzes		
	Name of Person)	
National U.V. & Consulting Firm, LLC		
	Firm/Company)	
P.O. Box 20203		
	(Address)	
St. Petersburg, FL 33742		
	/State and Zip Code)	
For further information concerning this matter, please	call:	
	at (727) 568-9608	
(Name of Person)	(Area Code & Daytime Te	elephone Number)
Enclosed is a check for the following amount:		
■ \$125.00 Filing Fee	☐ \$155.00 Filing Fee & Certified Copy	☐ \$160.00 Filing Fee, Certificate of Status &
	(additional copy is enclosed)	Certified Copy (additional copy is enclosed)
CTDEET ANADECC.	MAILING A	nnprcc.
STREET ADDRESS: Registration Section	Registration S	· · · · · · · · · · · · · · · · · · ·
Division of Corporations	Division of Co	orporations
409 E. Gaines Street	P.O. Box 632	
Tallahassee, Florida 32399	Tallahassee, F	юпая эдэ 14

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

RICLES OF ORGANIZATION FOR FI	ANDA LAMITED LAMELTI COM	AUT
ARTICLE I - Name: The name of the Limited Liability Company is	:	
National U.V. & Consulting Firm, LLC		
A TOTOLOGY TO TY A .l.J		
ARTICLE II - Address: The mailing address and street address of the p	rincipal office of the Limited Liability Compa	any is:
-		·
Principal Office Address:	Mailing Address:	
10023 14th. St. North	P.O. Box 20203	
¥106	St. Petersburg, FL 33742	
St. Petersburg, FL 33716		
ARTICLE III - Registered Agent, Registere	d Office, & Registered Agent's Signature:	
The name and the Florida street address of the	registered agent are:	
Taunya Sitzes		
Name	· · · · · · · · · · · · · · · · · · ·	
10023 14th St. North - #106		
Florida street ad	dress (P.O. Box NOT acceptable)	
St. Petersburg, FL 33716	DI	
St. Petersburg, FL 33716 City, State,	and Zip	
Having been named as registered agent and to liability company at the place designated in	accept service of process for the above stated t this certificate, I hereby accept the appointmen	
registered agent and agree to act in this capacit		
	erformance of my duties, and I am familiar with	
accept the obligations of my position as reg	istered agent as provided for in Chapter 608, F	. <i>S</i>
/		
10110160	Sitzos 6-1-05	
Registered agent	's Signature	S
J		<u></u>
		,ú 1
		د
(CONTIN	(UED)	<u> </u>
Ç= 02.1.2	•	·
Page 1 of	2	* 1

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

MGRM	Taunya Sitzes	
	10023 14th St. North - #106	
	St. Petersburg, FL 33716	
MGR	Richard Quinn	
	10023 14th St. North - #106	
	St. Petersburg, FL 33716	

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.)

Richard Quinn

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)