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(Re	questor's Name)				
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COVER LETTER

TO: Registration Division of C		
SUBJECT: Nuge	nt's LLC	
-	(Name of Limite	ed Liability Company)
The enclosed Articles	of Organization and fee(s) are s	submitted for filing.
Please return all corre	spondence concerning this matt	er to the following:
Wade E.	Nugent	
		(Name of Person)
Nugent's	LLC	
		(Firm/Company)
5418 Fox	Briar Trail	
		(Address)
Orlando,	Fl. 32808	
	(City	//State and Zip Code)
For further information	n concerning this matter, please	Call:
Wade E. Nuger	nt	at (407 342-3115 (Area Code & Daytime Telephone Number)
(Nar	ne of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check	for the following amount:	
☐ \$125.00 Filing Fee	e \$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ARTICLE II - Address:	ddress of the principal office of the Limited Liability Company	is:
Principal Office Address:	Mailing Address:	
5418 Fox Briar Trail	5418 Fox Briar Trail	
Orlando, Fl. 32808	Orlando, Fl. 32808	
The name and the Florida street Wade E. Nu 5418 Fox B	address of the registered agent are: pent	
	Florida street address (P.O. Box NOT acceptable)	
Orlando	FL 32808 City, State, and Zip	
liability company at the place registered agent and agree to a statutes relating to the proper	ed agent and to accept service of process for the above stated limite designated in this certificate, I hereby accept the appointment as it in this capacity. I further agree to comply with the provisions of and complete performance of my duties, and I am familiar with an position as registered agent as provided for in Chapter 608, F.S	all

(CONTINUED)
Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

Title:		Name and Address:		
"MGR" = Manaş "MGRM" = Mar	**			
MGRM		Wade E. Nugent		
	-	5418 Fox Briar Trail		_
		Orlando, Fl. 32808		<u></u>
MGRM		Karen Nugent		
	*******	5418 Fox Briar Trail		
		Orlando, Fl. 32808		-
	_			

				_
				_
	date, if other than the dated, the date must be s	ate of filing: specific and cannot be more tha		
REQUIRED SI	GNATURE:	. // -	- J.	r-2
	Wade 9	Majert		
	Signature of a member of	or an authorized representative of a	member.	
	(In accordance with section of this document constitution that the facts stated here	on 608.408(3), Florida Statutes, the extes an affirmation under the penalties ein are true.)	cecution S	
	Wade E. Nugent		물론	<u> </u>
	Туре	d or printed name of signee		32

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)