

W06000025798

00789-00524-02827-00076-00071 LC NOT INC

Bonnie's Accounting Service form & fee \$125.00
(Requestor's Name)

909 Big Tree Rd
(Address)

(Address)

South Daytona, FL 32119
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

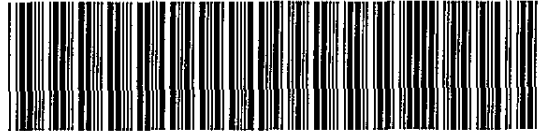
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

3/7

FL LC

Office Use Only



700065561077

02/13/06--01047--001 **122.50

03/09/06--01025--014 **2.50

FILED
06 MAR -7 PM 2:07
TALLAHASSEE, FLORIDA

W06-8234

M. HODGEE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 20, 2006

BONNIE'S ACCOUNTING SERVICE
909 BIG TREE RD
SOUTH DAYTONA, FL 32119

SUBJECT: NASCENT INVESTMENT GROUP, LLC
Ref. Number: W06000008234

We have received your document for NASCENT INVESTMENT GROUP, LLC and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must complete the attached form to file for a new Florida Limited Liability Company, the form submitted is for a Corporation.,

The fees to file a Florida Limited Liability Company or register a Foreign Limited Liability Company are as follows: \$100 filing fee; and \$25 registered agent designation fee. Please include an additional \$30 for each certified copy requested (optional) and \$5.00 for each certificate of status requested (optional).

There is a balance due of \$2.50.

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) 245-6967.

Michelle Hodges
Document Specialist

Letter Number: 706A00011783

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Nascent Investment Group 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:

MARK KARAFIA

(Name of Person)

(Firm/Company)

2935 CARRIAGE DR

(Address)

SO. DAYTONA, FL 32119

(City/State and Zip Code)

For further information concerning this matter, please call:

MARK KARAFIA

(Name of Person)

at (386) 235-9062

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$160.00 Filing Fee, Certificate of Status & 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:

NASCENT INVESTMENT GROUP, LLC
(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

2935 CARRIAGE DR
SO. DAYTONA
FL 32119

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

MARK KARAFIA
Name
2935 CARRIAGE DR
Florida street address (P.O. Box NOT acceptable)
SO. DAYTONA FL 32119
City, State, and Zip

FILED
06 MAR -7 PM 2:07
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, F.S..

✓ 
Registered Agent's Signature (REQUIRED)

(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:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.)

MARK KARAF

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)