

L06000073022

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

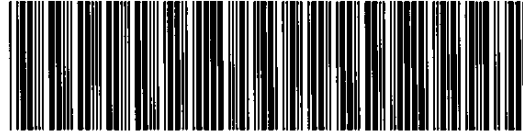
(Business Entity Name)

(Document Number)

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06 JUL 24 PM 1:10  
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06 JUL 24 AM 11:30  
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TALLAHASSEE, FLORIDA

**CAPITAL CONNECTION, INC.**

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

*Nexgen Home Services, LLC*

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- ☐ Art of Inc. File \_\_\_\_\_
- ☐ LTD Partnership File \_\_\_\_\_
- ☐ Foreign Corp. File \_\_\_\_\_
- ☒ L.C. File \_\_\_\_\_
- ☐ Fictitious Name File \_\_\_\_\_
- ☐ Trade/Service Mark \_\_\_\_\_
- ☐ Merger File \_\_\_\_\_
- ☐ Art. of Amend. File \_\_\_\_\_
- ☐ RA Resignation \_\_\_\_\_
- ☐ Dissolution / Withdrawal \_\_\_\_\_
- ☒ Annual Report / Reinstatement \_\_\_\_\_
- ☐ Cert. Copy \_\_\_\_\_
- ☐ Photo Copy \_\_\_\_\_
- ☐ Certificate of Good Standing \_\_\_\_\_
- ☐ Certificate of Status \_\_\_\_\_
- ☐ Certificate of Fictitious Name \_\_\_\_\_
- ☐ Corp Record Search \_\_\_\_\_
- ☐ Officer Search \_\_\_\_\_
- ☐ Fictitious Search \_\_\_\_\_
- ☐ Fictitious Owner Search \_\_\_\_\_
- ☐ Vehicle Search \_\_\_\_\_
- ☐ Driving Record \_\_\_\_\_
- ☐ UCC 1 or 3 File \_\_\_\_\_
- ☐ UCC 11 Search \_\_\_\_\_
- ☐ UCC 11 Retrieval \_\_\_\_\_

Signature \_\_\_\_\_

Requested by: *WLC*

Name \_\_\_\_\_

Date *7/24*

Time *11:00*

Walk-In \_\_\_\_\_

Will Pick Up \_\_\_\_\_

Courier \_\_\_\_\_

**ARTICLES OF ORGANIZATION  
OF  
NEXGEN HOME SERVICES, LLC**

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, F.S. Chapter 608, hereby make, acknowledge, and file the following Articles of Organization.

**ARTICLE I - NAME**

The name of the limited liability company shall be NEXGEN HOME SERVICES, LLC, ("company").

**ARTICLE II - ADDRESS**

The mailing address and street address of the principal office of the company is 250 Avenue K, SW, Suite 100, Winter Haven, Florida 33880.

**ARTICLE III - REGISTERED OFFICE AND AGENT**

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

**J. KEMP BRINSON**

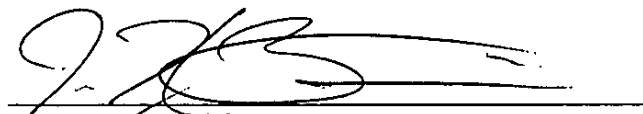
255 Magnolia Avenue, SW, Winter Haven, Florida 33880

**ARTICLE IV - MANAGERS**

The company is manager-managed. The name and address of each manager are as follows:

ALBERT B. CASSIDY, 250 Avenue K, SW, Suite 100, Winter Haven, Florida 33880

ROBERT J. ADAMS, 3020 South Florida Avenue, Suite 101, Lakeland, Florida 33803

  
\_\_\_\_\_  
J. KEMP BRINSON

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### **ACCEPTANCE OF REGISTERED AGENT**

Having been named as registered agent and to accept service of process for NEXGEN HOME SERVICES, LLC at the 255 Magnolia Avenue, SW, Winter Haven, Florida 33880, I hereby accept 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 F.S. Chapter 608.



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J. KEMP BRINSON