## L06000099313

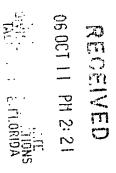
(Re	equestor's Name)	
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PICK-UP	WAIT	MAIL
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Certified Copies	Certificates o	f Status
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Special Instructions to	Filing Officer:	
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Office Use Only



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## **COVER LETTER**

TO: Registration Se Division of Co		•	
SUBJECT: Naha	Name of Limit	n o ed Liability Company)	<u> </u>
The enclosed Articles o	f Organization and fee(s) are s	submitted for filing.	
Please return all corresp	ondence concerning this matt	er to the following:	
Kend	all Nah	(Name of Person)	
		(Firm/Company)	
6329	woodville	(Address)	
/ (	see FL 3	2305 //State and Zip Code)	· · · · · · · · · · · · · · · · · · ·
For further information	concerning this matter, please	call:	
(Name	of Person)	at ()(Area Code & Daytime	Telephone Number)
Enclosed is a check for	or the following amount:		
ρ \$125.00 Filing Fee	ρ \$130.00 Filing Fee & Certificate of Status	ρ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	ρ \$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 Addre Registration Section Division of Corporati Clifton Building 2661 Executive Cente Tallahassee, FL 3230	ons er Circle

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Nahoon's Hoofing UC
(Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "LC.,")
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is
Principal Office Address:  Mailing Address:
6329 woodvillehwy 632000dville hwy Jallahassee FC.
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:
Kendall Wahasm
Florida street address (P.O. Box NOT acceptable)  Tallaha See FL 3230B  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 A'gent's Signature (REOUIRED)

(CONTINUED)

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Membe	er en
MGRM	Lendall Nahoom 632a Wood VIII hw X Tallahasse e FC.
<del></del>	· · · · · · · · · · · · · · · · · · ·
<del></del>	
(Use attachment if necessary)	
(If an effective date is listed, the dat	han the date of filing: (OPTIONAL)  the must be specific and cannot be more than five business days  ling.)  LI legal activity in the construction field  but not limited to flow covering
Signature of a	member or an authorized representative of a member.
of this docume	with section 608.408(3), Florida Statutes, the execution ent constitutes an affirmation under the penalties of perjury stated herein are true.)
Kend	Typed or printed name of signee
Filing Fees:	

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

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

\$125.00 Filing Fee for Articles of Organization and Designation

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)