(Req	uestor's Name)	
(Add	ress)	
		•
(Addi	ress)	
(/ 1441		
(City/	/State/Zip/Phone	· #)
PICK-UP	WAIT	MAIL.
(Busi	ness Entity Nam	ne)
(Doc	ument Number)	
(200)	21110111,1 Valili 2017	
Certified Copies	Certificates	of Status
Special Instructions to Fi	ling Officer:	
•	J	
		i

Office Use Only



100101728301

05/07/07--01075--021 **130.00

COVER LETTER

TO: Registration S Division of C				
	ancy Kirts Realty L	LC		
SUBJECT:	The second secon	IX LONG A	and distributed gammaga gas gapen for the first contract and the distributed participates and the distributed and the second contract and the second c	
	(Name of Limit	ed Liability Company)		
The enclosed Articles	of Organization and fee(s) are	submitted for filing.		
Please return all corres	pondence concerning this matt	er to the following:		
Evely	n Noel			
		(Name of Person)	,	
Evely	n Noel Accountant		c	2 .
	·	(Firm/Company)		7当
3711	Trout River Blvd			یر ۱
		(Address)		(-8 PH J
Jacks	onville, FL 32208			7
		//State and Zip Code)		
	•.			
For further information	concerning this matter, please	call:		
	Kirts		7-0795	•
(Name	of Person)	(Area Code & Daytime Te	elephone Number)	
Enclosed is a check for	or 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 Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns	·

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

"The name of the Limited Liability Com	pany is:
Nancy Kirts Realty LLC	us "t invited Company" or their ablureviation "T.I.C." or "f. C." ")
(Must end with the words "Limited Liability Compar	
ARTICLE II - Address: The mailing address and street address of	of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
Nancy Kirts	3711 Trout River Blyd
Nancy Kills	5,12 11000 11101 -4,0
ARTICLE III - Registered Agent, Reg	Jacksonville, FL 32208 gistered Office, & Registered Ageni's Signature:
ARTICIE III - Registered Agent, Reg (The Limited Limbility Company cannot serve as its or business entity with an active Florida registration.)	Jacksonville, FL 32208 Sistered Office, & Registered Agent's Signature; non Registered Agent. You must designate an individual or another of the registered agent are:
ARTICIE III - Registered Agent, Reg (The Limited Limbility Company cannot serve as its or business entity with an active Florida registration.)	Jacksonville, FL 32208 gistered (Misco, % Registered Agent's Signature; non Registered Agent. You must designate an individual or another of the registered agent are:
ARTICLE III - Registered Agent, Reg (The Limited Liability Company cannot serve as its or business entity with an active Florida registration.) The name and the Florida street address	Jacksonville, FL 32208 gistered (Misco, % Registered Agent's Signature; non Registered Agent. You must designate an individual or another of the registered agent are:
ARTICLE III - Registered Agent, Reg (The Limited Liability Company cannot serve as its or business entity with an active Florida registration.) The name and the Florida street address Namey	Jacksonville, FL 32208 Jackso
ARTICLE III - Registered Agent, Reg (The Limited Liability Company cannot serve as its or business entity with an active Florida registration.) The name and the Florida street address Namey 3711 Trout Florida s Jacksony	Jacksonville, FL 32208 Jacksonville, FL 32208 Jacksonville, FL 32208 Jacksonville, FL 32208 Agent's Signature; non Registered Agent. You must designate an individual or another of the registered agent are: Kirts Name River Blvd

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..

Register of Agents Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

Nancy Kirts 3711 Trout River Blvd. Jacksonville, FL 32208

ARTICLE V: Effective date, if other than the date of filing: ____ (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:

(Use attachment if necessary)

"MGR" = Manager

Manager

"MGRM" = Managing Member

Signature of a member pr 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.)

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)

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

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

Name and Address:

\$ 5.00 Certificate of Status (Optional)