

L07000112235

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200111347542

11/05/07--01019--020 \*\*155.00

EFFECTIVE DATE

11/01/07

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
07 NOV - 5 PM 4:06

JB

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: Nexplode Innovations, 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:

Clint Chandler

(Name of Person)

Nexplode Innovations, LLC.

(Firm/Company)

4541 Irene Loop

(Address)

New Port Richey, FL 34652

(City/State and Zip Code)

FILED STATE  
SECRETARY OF CORPORATIONS  
DIVISION OF CORPORATIONS  
07 NOV -5 PM 4:06

For further information concerning this matter, please call:

Clint Chandler

(Name of Person)

at ( 727 ) 501-6488  
(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:

Nexplode Innovations, LLC.

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

**ARTICLE II - Address:**

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

**Principal Office Address:**

4541 Irene Loop

New Port Richey, FL 34652

**Mailing Address:**

4541 Irene Loop

New Port Richey, FL 34652

**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:

Clint Chandler

Name

4541 Irene Loop

Florida street address (P.O. Box **NOT** acceptable)

New Port Richey, FL 34652

City, State, and Zip

**EFFECTIVE DATE**

11/01/07

*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)

Page 1 of 2

FILED STATE  
SECRETARY OF CORPORATIONS  
07 NOV - 5 PM 1:06

**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:**

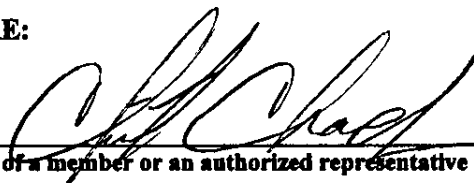
<u>MGRM</u>	<u>Clint Chandler</u> <u>4541 Irene Loop</u> <u>New Port Richey, Fl 34852</u>
<u>MGRM</u>	<u>Aira-Anne Sellars</u> <u>4541 Irene Loop</u> <u>New Port Richey, Fl 34852</u>
<u>MGRM</u>	<u>Kyle McLoren</u> <u>14833 Sunset Street, Unit B</u> <u>Clearwater, Fl 33760</u>
<u>MGRM</u>	<u>Kimberly McLoren</u> <u>14833 Sunset Street, Unit B</u> <u>Clearwater, Fl 33760</u>

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
07 NOV -5 PM 4:06

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 11/01/2007. (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.)

Clint Chandler

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)