LD8000021748

(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:
L. SELLERS
MAR 18 2008
EXAMINER

Office Use Only



600120007866

03/14/08--01042--010 **125.00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

2008 HAR 14 AH 8: 18

COVER LETTER

Division of Co	rporations		
_{SUBJECT:} Nye 8	& Associates, LLC		
SUBJECT.		ed Liability Company)	······································
The enclosed Articles of	f Organization and fee(s) are:	submitted for filing.	
Please return all corresp	ondence concerning this matt	ter to the following:	
David J. N	ve		
	•	(Name of Person)	
Nye & Ass	sociates, LLC		
		(Firm/Company)	
9325 SW	46 Place		
<u>-</u>		(Address)	
Gainesville	e, Florida 32608		
	(Cit	y/State and Zip Code)	
For further information	concerning this matter, please	e call:	
David J. Nye		at (352) 262-6649	
(Name	of Person)	(Area Code & Daytime Telephone	e Number)
Enclosed is a check fo	or the following amount:		
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certified Copy Certified Copy (additional copy is enclosed) Certified Copy	0.00 Filing Fee, rtificate of Status & rtified Copy ditional 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

Nye & Associates, LLC	
(Must end with the words "L	imited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address	s of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
9325 SW 46 Place	9325 SW 46 Place
Gainesville, Florida 32608	Gainesville, Florida 32608
	Registered Office, & Registered Agent's Signature: s own Registered Agent. You must designate an individual or another .)
(The Limited Liability Company cannot serve as it business entity with an active Florida registration.) The name and the Florida street address.	s own Registered Agent. You must designate an individual or another .)
(The Limited Liability Company cannot serve as it business entity with an active Florida registration	s own Registered Agent. You must designate an individual or another .)
(The Limited Liability Company cannot serve as it business entity with an active Florida registration.) The name and the Florida street address.	s own Registered Agent. You must designate an individual or another .) ss of the registered agent are: Name
(The Limited Liability Company cannot serve as it business entity with an active Florida registration The name and the Florida street address David J. Nye 9325 SW 46 I	s own Registered Agent. You must designate an individual or another .) ss of the registered agent are: Name
(The Limited Liability Company cannot serve as it business entity with an active Florida registration The name and the Florida street address David J. Nye 9325 SW 46 I	s own Registered Agent. You must designate an individual or another) ss of the registered agent are: Name Place
The name and the Florida street address David J. Nye 9325 SW 46 I Florida Gainesville, F	s own Registered Agent. You must designate an individual or another) ss of the registered agent are: Name Place da street address (P.O. Box NOT acceptable)

(CONTINUED) Page 1 of 2

Registered Agent's Signature (REQUIRED)

2008 MAR ILL AM 8: 18

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

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

<u>Title:</u>	Name and Address:	
"MGR" = Manager		
"MGRM" = Managing Member		
MGR	David J. Nye	
	9325 SW 46 Place	_
	Gainesville, Florida 32608	_
		_
		-
	 	-
		_
		_
		_
		-
		-
		-
(Use attachment if necessary)		

ARTICLE V: Effective date, if other than the date of filing: MARCH 11, 2008. (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.)

DAVID J. MyE
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)

Page 2 of 2