

LD8000030002

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

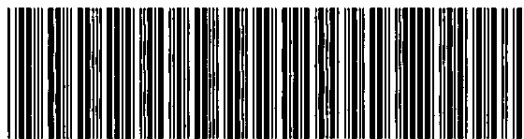
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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T. CLINE

MAR 25 2008

EXAMINER

TOMMY D. PERMENTER, JR.
(ADMITTED IN FL & SC)



BELLWETHER PROFESSIONAL PARK
2201 S.E. 30TH AVENUE, SUITE 202
OCALA, FLORIDA 34471

TELEPHONE
(352) 622-1811
FACSIMILE
(352) 622-1866
EMAIL
TOMMY@PERMENTERLAW.COM

March 21, 2008

Florida Department of State
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: NSC 19th Ave., LLC
Our File No. 08-0141

Dear Sir or Madam:

I have enclosed the Articles of Organization for NSC 19th Ave., LLC to be filed with the Department of State. I have also enclosed a check payable to the Department of State in the amount of \$125.00 representing the filing fee.

Please date stamp the enclosed copy of the Articles of Organization to provide evidence of the filing of same and return it to us in the enclosed self-addressed, stamped envelope.

Thank you for your assistance. If you have any questions, please do not hesitate to contact us.

Sincerely,

THE PERMENTER LAW FIRM, P.A.

Tommy D. Permenter, Jr.

TDP/ag
Enclosures

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: NSC 19th Ave., 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:

Todd B. Rudnianyn
(Name of Person)

NSC 19th Ave., LLC
(Firm/Company)

101 Northeast First Avenue
(Address)

Ocala, FL 34470
(City/State and Zip Code)

For further information concerning this matter, please call:

Todd B. Rudnianyn at (352) 629-6101
(Name of Person) (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

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TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

NSC 19th Ave., 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:

101 Northeast First Ave.
Ocala, FL 34470

Mailing Address:

101 Northeast First Ave.
Ocala FL 34470

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:

Todd B. Rudniansyn

Name

101 Northeast First Avenue

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

Ocala FL 34470

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 68, F.S.


Registered Agent's Signature (REQUIRED)

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TALLAHASSEE, FLORIDA

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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:

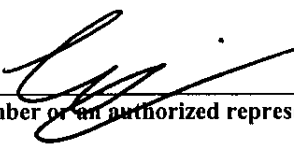
<u>MGRM</u>	<u>Todd B. Rudnianyn</u> <u>101 Northeast First Avenue</u> <u>Ocala, FL 34470</u>
<u>MGRM</u>	<u>Steve Rudnianyn</u> <u>101 Northeast First Avenue</u> <u>Ocala FL 34470</u>
<u>MGRM</u>	<u>Matt Rudnianyn</u> <u>101 Northeast First Avenue</u> <u>Ocala FL 34470</u>
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(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____. (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.)

Todd B. Rudnianyn

Typed or printed name of signer

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)

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