

W08000103511

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

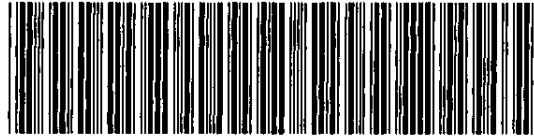
(Business Entity Name)

(Document Number)

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

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09/18/08--01025--013 \*\*150.00

11/05/08--01005--018 \*\*5.00

T. CLINE

NOV - 6 2008

EXAMINER

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2008 NOV - 5 AM 8:43

FILED



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 28, 2008

NORCO DESIGNS, LLC  
208 STRONGBOW CT  
SUN CITY CENTER, FL 33573

We have received your document for NORCO DESIGNS, LLC and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The converting Florida entity must be active on our records.

The effective date must be specific and cannot be prior to the date of filing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline  
Regulatory Specialist II

Letter Number: 008A00055284

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
NOV -5 AM 8:43

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 13, 2008

NORCO, LLC  
208 STRONGBOW CT  
SUN CITY CENTER, FL 33573

We have received your document for NORCO, LLC and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The converting Florida entity must be active on our records.

The name listed in both the Certificate of Conversion and Articles of Organization is not distinguishable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of a name is not acceptable. Please select a new name and make the correction in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

The effective date must be specific and cannot be prior to the date of filing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (866) 246-6020.

Tammi Cline  
Regulatory Specialist II

Letter Number: 208A00053488

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 19, 2008

SHERYL NORR  
208 STRONGBOW CT  
SUN CITY CENTER, FL 33573

SUBJECT: NORCOM ENTERPRISES, LLC  
Ref. Number: W08000043638

We have received your document for NORCOM ENTERPRISES, LLC and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The converting Florida entity must be active on our records.

The name listed in both the Certificate of Conversion and Articles of Organization is not distinguishable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of a name is not acceptable. Please select a new name and make the correction in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline  
Regulatory Specialist II

Letter Number: 808A00050843

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Norco Designs 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:

Sheryl Now  
(Name of Person)

Norco Designs LLC  
(Firm/Company)

208 Strongbow Ct  
(Address)

Sun City Center, Fl. 33573  
(City/State and Zip Code)

For further information concerning this matter, please call:

Sheryl Now at (813) 746-1111  
(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, FL  
SECRETARY OF STATE

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

NORCO DESIGNS 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:**

208 Strongbow Ct  
Sun City Center Fl.  
33573

**Mailing Address:**

same

**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:

Sheryl Now  
Name  
208 Strongbow Ct  
Florida street address (P.O. Box **NOT** acceptable)  
Sun City Center Fl. 33573  
City, State, and Zip

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*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.*

Sheryl Now  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

**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:**

MGR

Kevin Norr  
4035 Appleton Way  
Wilmington NC 28412

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 11/1/08 (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:**

Kevin Norr  
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.)

KEVIN NORR  
Typed or printed name of signee

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2008 NOV -5 AM 8:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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)**