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D. BRUCE

MAR 1 3.2009

EXAMINER

COVER LETTER

Registration Section

TO:

Division of Cor	porations	,		
SUBJECT: Nol	Name of Limited	(utions LLC Liability Company)		
The enclosed Articles of	Organization and fee(s) are su	bmitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
Ro	nald G. Ne	Name of Person)		
No	shile Pest	Solutions LL Firm/Company)	.C	
	112 Summer 1	Mendow Dr. (Address)		
Bro	ndenton, F	7. 34202 State and Zip Code)	TALL	09
For firsther in formation a		»D.	TARY TASS	
Ronald G. 1	Nobik of Person)	at (<u>941</u>) <u>807</u> . (Area Code & Daytime Tel	5907 551 ephone Number 6 7	09MAR 12 AMII: 23
	r 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 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 C	s	

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Nobile Pest Solutions	LLC
(Must end with the words "Limited Liability Company, "Limited ARTICLE II - Address: The mailing address and street address of the print	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
12/12 Summer Meadow Dr. Bradenton, Fl. 34202	12/12 Summer Meadow Dr Bradenton Fl. 34202
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) The name and the Florida street address of the registration. The name and the Florida street address of the registration. Ronald G. Mohin Name 2/1/2 Summer Florida street address of the registration Florida street address F	gistered agent are: e
liability company at the place designated in the registered agent and agree to act in this capacit all statutes relating to the proper and complete	ccept service of process for the above stated limited is certificate, I hereby accept the appointment as y. I further agree to comply with the provisions of performance of my duties, and I am familiar with istered agent as provided for in Chapter 608, F.S

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

EFFECTIVE DATE 3/9/09

ARTICLE I - Name:

The name of the Limited Liability Company is:

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

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR.	Ronald G. Nobile 12112 Summer Meadow Dr. Bradenton, Fl 34202
MGRM	Sandra J. Nobile 12112 Summer Mendow Dr Bradenton, Fl 34202
MGRM	Richard V. Nobile 407 Mayerick Ave Sarasota Fl 34233
MGRM	Christopher M. Nobile 3071 Sunset Beach Venice, Fl 34293

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 03-09-2009. (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:			
Jonald & Holice	TALLA		•
Signature of a member or an authorized representative of a member	H. A.	MAR	77
(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury	TARY ASSEE	12	-
that the facts stated herein are true.)	THO P	<u>≯</u>	Γ
Ronald G. Nobile	STA	#:	D
Typed or printed name of signee		<u>လ</u> ယ	

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)