

LD9000026813

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

03/05/09--01009--008 **160.00

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Joshua GAVE
AUTHORIZATION BY PHONE TO
CORRECT Art. III Art. IV
DATE 3/19/09
DOC. EXAM.

Office Use Only

N. Coyle MAR 19 2009

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: N.G.K. Construction Services 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:

Nicolette Kurvisis Corriopio
(Name of Person)

N.G.K. Construction Services LLC.
(Firm/Company)

540 Gullwing Dr.
(Address)

VERO BEACH, FL 32968
(City/State and Zip Code)

For further information concerning this matter, please call:

Nicolette Corriopio at (772) 559-4788
(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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 6, 2009

NICOLETTE KURUSIS CORRIPIO
540 GULLFWING DRIVE
VERO BEACH, FL 32968

SUBJECT: N.G.K. CONSTRUCTION SERVICES L.L.C.
Ref. Number: W09000010762

We have received your document for N.G.K. CONSTRUCTION SERVICES L.L.C. and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The last name of the Registered Agent is not LEGIBLE the spelling appears different.

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

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan
Regulatory Specialist II

Letter Number: 509A00007852

Corripio

mgrm Joshua Andrew Roberts

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

N.G.K. Construction Services L.L.C.

(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:

540 Gullwing Dr.
VERO BEACH, FL 32968

Mailing Address:

540 Gullwing Dr.
VERO BEACH, FL 32968

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:

NICOLETTE KURUSIS CORRIPIO

Name

540 Gullwing Dr.

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

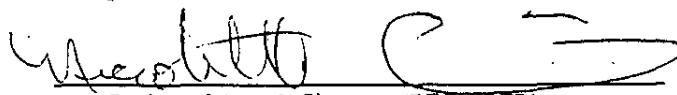
VERO BEACH FL 32968

City, State, and Zip

09 MAR 19 AM 9:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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

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:

mgrm

Joshua Andrew Roberts

(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:

Nicolette Corripio

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.)

Nicolette Corripio

Typed or printed name of signee

09 MAR 19 AM 9:48
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED

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)