609000041267

•
(Requestor's Name)
(Addross)
(Address)
(Address)
(Cit. (Ch.) - (7) - (D) - (1) - (1)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(dusiness entry Name)
(Document Number)
•
Cartified Conjug
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special instructions to Filling Officer,

A. LUNT

APR 29 2009

EXAMINER

Office Use Only



600152675236

04/27/09--01036--006 **155.00

SECRETARY OF STATE

L DD 37 WG

COVER LETTER

то:	Registration Section Division of Corporations	
SUBJE	CT: Charles Nechtern Management Company LLC (Name of Limited Lizbility Company)	
The enc	osed Articles of Organization and fee(s) are submitted for filing.	
Please r	turn all correspondence concerning this matter to the following:	
	Charles Nechtem	. 2
	(Name of Person)	OF APR
_	(Firm/Company)	
-	595 Bay Isles Road - Sinte 115 (Address) Longboat Key, F-L 34228 (City/State and Zip Code)	AH IO: 16
_	Longboat Key, F-L 34228 (City/State and Zip Code)	D
	(City/State and Zip Code)	
For furti	er information concerning this matter, please call:	
_C}	Arles Nechtem at (866) 327-2040 (Name of Person) (Area Code & Daytime Telephone Number)	
Enclose	d is a check for the following amount:	
\$125 .0	O Filing Fee \$\bigs\\$130.00 Filing Fee & \$\bigs\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$	f Status & py
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle	

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A	R	T	I	CI	Æ	I	_	N	an	ıe	:
---	---	---	---	----	---	---	---	---	----	----	---

The name of the Limited Liability Company is:

Charles Nechtern Management Company, 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:	Mailing Address:
Suite 145 Longboat Key, FL 34221 ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	ed Agent. You must designate an individual or another
The name and the Florida street address of the reg	بستغد فبالمبر
<u>Charles Nechte</u> Name	<u>m</u>
	Road - Suite 115 sss (P.O. Box <u>NOT</u> acceptable)
Longboat Key City, Stale, and	FL 34228 d 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 608, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

<u>Title:</u> "MGR" = Ma "MGRM" = M	anager Managing Member	Name and Address:	
mgrn	1	Charles Nechtem 595 Bay Isles Road- Longboat Key, FL 3	-Suite 115 4228
			2009 APR 27 SEGNETIARY TALLAHASSE
			["C >>
(Use attachme	ent if necessary)		AM IO: 16 0; STATE E. FLORIDA
LE V: Effecti ffective date is days after the	ive date, if other than the s listed, the date must be e date of filing.)	date of filing:e specific and cannot be more than	OPTIONAL
LE V: Effecti ffective date is days after the	ive date, if other than the s listed, the date must be	date of filing:e specific and cannot be more than	OPTIONAL
LE V: Effecti ffective date is days after the	ive date, if other than the s listed, the date must be e date of filing.) SIGNATURE:	e specific and cannot be more than	OPTIONAL
CLE V: Effecti ffective date is days after the	ive date, if other than the s listed, the date must be e date of filing.) SIGNATURE:	e specific and cannot be more than	OPTIONA five business days
CLE V: Effecti ffective date is days after the	ive date, if other than the s listed, the date must be e date of filing.) SIGNATURE: Signature of a member (In accordance with sec	e specific and cannot be more than the specific and cannot be specific and cannot be specific and cannot be specifically as the specific and cannot be specifically as the specific and cannot be specific and cannot be specifically as the specific and cannot be specific and cannot be specific and cannot be specific and cannot be specifically as the specific and cannot be specific as the specific and cannot be specifically as th	OPTIONAL (OPTIONAL five business days ember.

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

Page 2 of 2

\$125.00 Filing Fee for Articles of Organization and Designation

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)