

LD9600078855

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

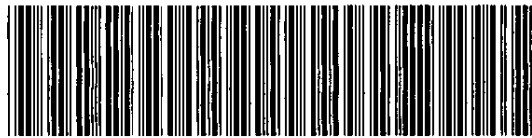
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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700159158497

08/03/09--01019--021 **125.00

08/17/09--01003--004 **5.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2009 AUG 14 AM 10:55

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T. CLINE

AUG 17 2009

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Nicholas & Sons 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:

Jerry Nicholas

Name of Person

Nicholas & Sons, LLC

Firm/Company

230 SE Ashley Oaks Way

Address

Stuart, FL 34997

City/State and Zip Code

nicholasfamily6@AOL.COM

E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

Jerry Nicholas

Name of Person

at (772)

263-3729

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

August 10, 2009

Nicholas Bros LLC
230 SE Ashley Oaks Way
Stuart, FL 34997

FL Dept. of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Nicholas & Sons LLC name change for initial filing

To Whom It May Concern:

Please find enclosed amended Articles of Organization for Florida Limited Liability Corporation. The name has been changed from "Nicholas & Sons LLC" to "Nicholas Bros LLC". I have also enclosed a check for \$5.00 for a "Certificate of Status." Please send me a copy of the Certificate of Status once the LLC filing is completed.

Thank You,



Jerry D. Nicholas

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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:

~~Nicholas & Sons LLC~~ ⁹⁰² Nicholas Bros 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:

230 SE Ashley Oaks Way
Stuart, FL 34997

Mailing Address:

230 SE Ashley Oaks Way
Stuart, FL 34997

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TALLAHASSEE, FLORIDA

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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:

Jerry Nicholas

Name

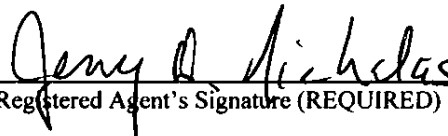
230 SE Ashley Oaks Way

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

Stuart FL 34997

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 608, F.S.


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 _____

Jerry D. Nicholas
230 SE Ashley Oaks Way
Stuart, FL 34997

(Use attachment if necessary)

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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.)

Jerry D. Nicholas

Typed or printed name of signee

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)