L09000085904

(Requ	estor's Name)	
(Addre	ess)	
(Addre	ess)	
(City/S	State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Busin	ess Entity Nan	ne)
(Docu	ment Number)	
Certified Copies	Certificates	of Status
Special Instructions to Fili	ng Officer:	
·		

Office Use Only



600159767766

Effective Date 09 03 04

08/24/09--01011--020 **130.00

O9 SEP -3 PH 2: 44
SECRETARY OF STATE
ALLAHASSEE, FLORIDA

W09-38285

J. BRYAN

SEP - 4 2009

EXAMINER

COVER LETTER

TO:

Registration Section

Division of Corporations Nationwide Building Systems LLC SUBJECT: _ 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: Jean Briers Name of Person Firm/Company 2106 Hovington Circle W. Address Jacksonville, FL 32246 City/State and Zip Code jeanbriers@yahoo.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Jean Briers Name of Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount: **■\$125.00** Filing Fee **√\$130.00** Filing Fee & \$155.00 Filing Fee & \$160.00 Filing Fee, Certificate of Status

Mailing Address

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street/Courier Address

Certified Copy

(additional copy is enclosed)

Registration Section **Division of Corporations** Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Certificate of Status &

(additional copy is enclosed)

Certified Copy



FLORIDA DEPARTMENT OF STATE Division of Corporations

August 25, 2009

JEAN BRIERS 2106 HOVINGTON CIRCLE W JACKSONVILLE, FL 32246

SUBJECT: NATIONWIDE BUILDING SYSTEMS LLC

Ref. Number: W09000038285



We have received your document for NATIONWIDE BUILDING SYSTEMS LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on August 24, 2009. Please amend your document accordingly.

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) 245-6043.

Joey Bryan Regulatory Specialist II

Letter Number: 309A00028636

redo + use

Sept. 3 3rd estechne

date make sure

you would it saveday

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	SECRETAR SECRETAR
Nationwide Building (Must end with the words "Limited Liability	Systems LLC
(Must end with the words "Limited Liability	ty Company," "L.L.C.," or "LLC.")
ARTICLE II - Address:	A PARTY OF THE PAR
The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2106 Hovington Circle W.	P. O. Box 49147
Jacksonville, FL 32246	Jacksonville Beach, FL 32240
business entity with an active Florida registration.) The name and the Florida street address of the re Jean Bri Name	
2106 Hovington	n Circle W
Florida street address (P.O.	· · · · · · · · · · · · · · · · · · ·
Jacksonville, FL 32246	FI.
City, State, an	- 12
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per	accept service of process for the above stated limited in a certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and fered-agent-as provided for in Chapter 608, F.S
Registered Agent's Signatu	ITE (REQUIRED)

(CONTINUED)

Page 1 of 2

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	ASS.
MGR	Jean Briers P. O. Box 49147
	P. O. Box 49147
	Jacksonville Beach, FL 32240
(Use attachment if necessary)	
	he date of filing: <u>September 3, 2009</u> . (OPTIONA be specific and cannot be more than five business day
LE V: Effective date, if other than the fective date is listed, the date must days after the date of filing.)	-
LE V: Effective date, if other than the fective date is listed, the date must	-
LE V: Effective date, if other than the fective date is listed, the date must days after the date of filing.)	-
LE V: Effective date, if other than the fective date is listed, the date must days after the date of filing.) REQUIRED SIGNATURE:	be specific and cannot be more than five business day
LE V: Effective date, if other than the fective date is listed, the date must days after the date of filing.) REQUIRED SIGNATURE: Signature of a memory	be specific and cannot be more than five business day ber or an authorized representative of a member.
LE V: Effective date, if other than the fective date is listed, the date must days after the date of filing.) REQUIRED SIGNATURE: Signature of a memory of a mem	be specific and cannot be more than five business day ber or an authorized representative of a member. Section 608.408(3), Florida Statutes, the execution institutes an affirmation under the penalties of perjury
LE V: Effective date, if other than the fective date is listed, the date must days after the date of filing.) REQUIRED SIGNATURE: Signature of a memory of this document co	be specific and cannot be more than five business day ber or an authorized representative of a member. Section 608.408(3), Florida Statutes, the execution institutes an affirmation under the penalties of perjury
LE V: Effective date, if other than the fective date is listed, the date must days after the date of filing.) REQUIRED SIGNATURE: Signature of a memory of this document contact that the facts stated in th	ber of an authorized representative of a member. section 608.408(3), Florida Statutes, the execution institutes an affirmation under the penalties of perjury herein are true.)