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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

m 9/25/09

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: NICHOLAS ARNOLD HOLDINGS, L.L.C.
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:

VYJAI ISHAK / MILTON ISHAK

Name of Person

CHATEAU MOTEL

Firm/Company

3518 WEST VINE STREET

Address

KISSIMMEE, FL 34741

City/State and Zip Code

milton0213@aol.com

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

For further information concerning this matter, please call:

MILTON ISHAK

Name of Person

at (**407**) **847-3477**

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

September 15, 2009

VYJAI ISHAK
CHATEAU MOTEL
3518 WEST VINE STREET
KISSIMMEE, FL 34741

SUBJECT: NICHOLAS ARNOLR HOLDINGS, L.L.C.
Ref. Number: W09000038311

We have received your document for NICHOLAS ARNOLR HOLDINGS, L.L.C. and your check(s) totaling \$235.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

It appears the filing submitted has a typographical error in the entity name. Please verify this name and all other information contained in the filing and resubmit it for processing.

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) 245-6067.

Neysa Culligan
Regulatory Specialist II

Letter Number: 009A00028665

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

NICHOLAS ARNOLD HOLDINGS, 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:

Mailing Address:

3518 WEST VINE STREET
KISSIMMEE, FL 34741

3518 WEST VINE STREET
KISSIMMEE, FL 34741

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:

VYJAI ISHAK

Name

3518 WEST VINE STREET

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

KISSIMMEE FL 34741

City, State, and Zip

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TALLAHASSEE, FLORIDA

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

VYJAI ISHAK

3518 WEST VINE STREET

KISSIMMEE, FL 34741

MGR

MILTON ISHAK

3518 WEST VINE STREET

KISSIMMEE, FL 34741

(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:


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.)

VYJAI ISHAK

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)

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