

L10000039519

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

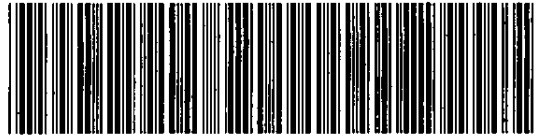
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
10 APR 12 AM 11:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

APR 13 2010

EXAMINER

COVER LETTER

✓ TO: Registration Section
Division of Corporations

SUBJECT: NLJ MURDOCK 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:

NGUYEN LE JAP LLC

Name of Person

NLJ MURDOCK LLC

Firm/Company

9418 ASHMORE LN.

Address

ORLANDO, FL 32825

City/State and Zip Code

TONYNGUYEN10@GMAIL.COM

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

For further information concerning this matter, please call:

NGUYEN LE JAP LLC

Name of Person

at (407) 780 9116

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

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10 APR 12 AM 11:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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10 APR 12 AM 11:55
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA
Signature: _____
or _____

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

NGUYEN LE JAP LLC

211 E. COLONIAL DR.

ORLANDO, FL 32801

(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.)

NGUYEN LE JAP LLC

Typed or printed name of signee

FILED
10 APR 12 AM 11:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)