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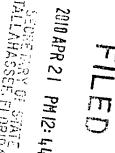
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
A. LUNT
APR 23 2010
EXAMINER

Office Use Only



500176763755

04/21/10--01012--026 **160.00



COVER LETTER

TO:	Registration : Division of C							
SUBJ	ECT: NSNT L						<u>-</u>	
		Name of Limit	ed Liability C	Company				
The en	nclosed Articles of	of Organization and fee(s) are	submitted for	filing.				
Please	return all corres	pondence concerning this mat	ter to the follo	owing:				
	STEFAN G. I	PRIBIL	Name of Pers					
			name of Pers	on				
			Firm/Compar	ny			~	
	7450 LEGEN	an en					2010 APR	
	7430 ELGEN	DO DIC	Address			<u> 7272</u> 1351		
						5) N	21	Ī
	PORT ST LU	CIE, FL 34986				File	70	
			y/State and Zip	Code		ELORI STAT	# 12: L	(_
	SGPRIBIL@I	HOTMAIL.COM E-mail address: (to be used to	for future annue	l report notificati	on)		±-	-
				ii report nouricau	on	7>		
For fu	rther information	concerning this matter, please	e call:					
STE	FAN G. PRIBII	L	at (_832_	₁ 260-62	79			
		of Person		Code & Daytime		ber		
Enclo	sed is a check f	or the following amount:						
□\$125	.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	Certifie	Filing Fee & d Copy Il copy is enclosed	Certifica () Certified	ate of Sta	itus &	
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Reg Divi Clif 266	et/Courier Add istration Section ision of Corpora ton Building I Executive Cen ahassee, FL 323	tions ter Circle			

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

NSNT LLC	
(Must end with the words "L	imited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address	s of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
7450 LEGENDS DR	7450 LEGENDS DR
PORT ST LUCIE, FL 34986	PORT ST LUCIE, FL 34986
business entity with an active Florida registration The name and the Florida street address STEFAN G. PRIE	ss of the registered agent are:
	Name SA N
7450 LEGENDS	DR SP F
Floric	da street address (P.O. Box NOT acceptable)
PORT ST. LUCIE	FL 34986
	City, State, and Zip
Having been named as registered age	nt and to accept service of process for the above stated limited

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

liability company at the place designated in this certificate, I hereby accept the appointment as

<u>Title:</u>		Name and Address:	易
"MGR" = Mai	•		売売 2
"MGRM" = N	lanaging Member		
MGRM		STEFAN G. PRIBIL	2010 APR 21 THE SECRET FLORIS
		7450 LEGENDS DR	
		PORT ST LUCIE, FL 34986	<u>Jei</u>
MGRM		STEVEN ARBOGAST	·
		3495 B SOUTH US HWY 1	
		FORT PIERCE, FL 34982	
MGRM		WILLIAM R DAVIS	
		4285 SW MARTIN HWY	
		PALM CITY, FL. 34990	
(Use attachme	ent if necessary)		
	wa data if other than th	ne date of filing: 4/15/2010	(OPTIONA
I V. Dffaati	ve date, il other than ti	be specific and cannot be more than	
LE V: Effecti fective date is	listed the date must		are sustained any
fective date is		be specific and cannot be more than	
fective date is	listed, the date must e date of filing.)	be specific and cannot be more than	
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fective date is days after the	e date of filing.)		
fective date is days after the	e date of filing.) SIGNATURE:	Acfu Mulut ber or an authorized representative of a mo	ember.
fective date is days after the	SIGNATURE: Signature of a mem (In accordance with:	ber or an authorized representative of a mosection 608.408(3), Florida Statutes, the execustitutes an affirmation under the penalties of p	ntion

3

Page 2 of 2

\$125.00 Filing Fee for Articles of Organization and Designation

Filing Fees:

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