

L10000083063

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

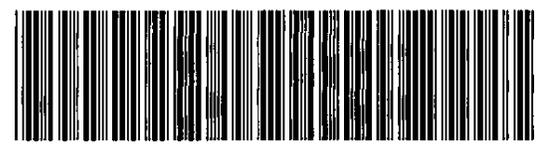
(Business Entity Name)

(Document Number)

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Effective Date 08/01/10

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10 AUG -6 AM 11:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN
AUG -9 2010
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NOLAN BARTOK 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:

NOLAN A. BARTOK
Name of Person
NOLAN BARTOK, LLC
Firm/Company
18630 SPRUCE DRIVE, E.
Address
FORT MYERS, FL 33967
City/State and Zip Code
g/levy@STRATO.NET
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

GERALD LEVY at (239) 945-0848
Name of Person 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

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED
LIABILITY COMPANY**

ARTICLE I - NAME:

The name of the Limited Liability Company is:

NOLAN BARTOK, LLC

ARTICLE II - ADDRESS:

Principle Office Address:

18630 Spruce Drive, E.
Fort Myers, Fl. 33967

Mailing Address:

18630 Spruce Drive, E.
Fort Myers, Fl. 33967

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**ARTICLE III - Registered Agent, Registered Office & Registered
Agent's Signature:**

The name and the Florida street address (not a Post Office box) of the registered agent are:

**NOLAN A. BARTOK
18360 Spruce Drive, E.
Fort Myers, Fl. 33967**

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

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:

MGRM _____

NOLAN A. BARTOK
18630 Spruce Drive, E.
Fort Myers, Fl. 33967

ARTICLE V: Effective date, if other than the date of filing: August 1, 2010

(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 (Nolan A. Bartok)

(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.)

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