

L10000083063

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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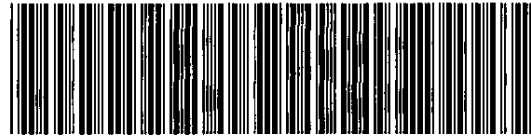
(Business Entity Name)

(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

9LEVY@STRATO.NET  
E-mail address: (to be used for future annual report notification)

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

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**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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