10000100046

(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:				
Operational to Filling Officer.				
!				

Office Use Only



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SEP 24 2010

EXAMINER

COVER LETTER

TO:	Registration : Division of C				
SUBJI	ECT:	Nicktrish P	Properties LLC ed Liability Company	·	
			to company		
The en	closed Articles of	of Organization and fee(s) are s	submitted for filing.		
Please	return all corres	pondence concerning this matt	er to the following:		
		Nicholas L	ec Name of Person		
		Nicktrish Pro	perties LLC	· · · · · · · · · · · · · · · · · · ·	
			Titti/Company		
	1122	Neck Road		20 IAS	
			Address	EC:	
	Ponte	Vedra Beach	, Fl 32082	20/10 SEP 23 PH 2: 51 SECRETARY OF STATE INLLAHASSEE, FLORID	
	Ponte Vedra Beach, Fl 32082 City/State and Zip Code				
	E-mail address: (to be used for future annual report notification)				
		E-mail address: (to be used for	or future annual report notification)	F STATE	
F or fur	ther information	concerning this matter, please	call:	5 ri 2	
	icholas Name	Le e of Person	at (904) 445 - Area Code & Daytime Telep	8621 Thone Number	
Enclos	sed is a check f	or the following amount:			
2\$ 125.	00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & □ Certified Copy	\$160.00 Filing Fee, Certificate of Status &	
	٠,		(additional copy is enclosed)	Certified Copy (additional copy is enclosed)	
		Mailing Address	Street/Courier Address		
		Registration Section Division of Corporations	Registration, Section Division of Corporations		
		P.O. Box 6327	Clifton Building		
		Tallahassee FL 32314	2661 Executive Center Ci	ircie	

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: NICICTUSH Properties LL (Must end with the words "Limited Liability	C y Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the print	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
Ponte Vedra Beach FL, 32082 ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	red Agent. You must designate an individual or arrother
The name and the Florida street address of the re	gistered agent are:
Peter Legezo Name 1/22 New Road,	Ponte Vedra Boach
Florida street address	ess (P.O. Box <u>NOT</u> acceptable) FL e, and Zip
liability company at the place designated in the registered agent and agree to act in this capacity, statutes relating to the proper and complete per	ccept service of process for the above stated limited is certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and ered agent as provided for in Chapter 608, F.S.

(CONTINUED)
Page 1 of 2

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

MICHOLAS Lee

11 22 Neck Reach

Ponde Vedra Reach, FL 32002

(Use attachment if necessary)

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

(OBTIONSL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior

REQUIRED SIGNATURE:

to or 90 days after the date of filing.)

. . . 😮

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.)

NICHOLAS LEE

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)