

100000131176

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

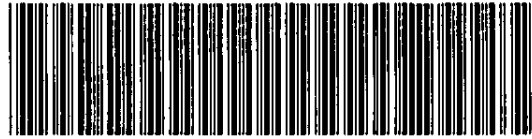
Special Instructions to Filing Officer:

Office Use Only

G. MCLEOD

DEC 27 2010

EXAMINER



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12/23/10--01011--015 **130.00

FILED
10 DEC 23 PM 1:53
CLERK OF STATE
TALLAHASSEE, FLORIDA

To whom it may concern,

My Mailing Address is:

Bryan Nelson

13247 Word of Life Drive

Hudson, FL 34669

My Physical Address is

Bryan Nelson

14676 Hudson Ave.

Spring Hill, FL 34610

My Daytime Phone Number is:

(518) 791-5349

Thank You,

Bryan Nelson

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Nelson IT Consulting 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:

Bryan Nelson

Name of Person

Nelson IT Consulting LLC

Firm/Company

14676 Hudson Ave

Address

Spring Hill, FL 34610

City/State and Zip Code

bnelson817@hotmail.com

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

For further information concerning this matter, please call:

Bryan Nelson

Name of Person

at (518) 791 5349

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:

Nelson IT Consulting LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

14676 Hudson Ave.
Spring Hill, FL 34610

Mailing Address:

14676 Hudson Ave
Spring Hill, FL 34610

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

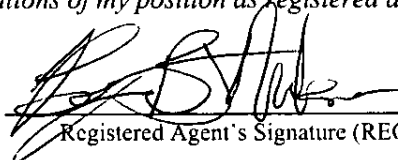
The name and the Florida street address of the registered agent are:

Bryan Nelson
Name

14676 Hudson Ave
Florida street address (P.O. Box **NOT** acceptable)
Spring Hill, FL 34610
City, State, and Zip

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 (REQUIRED)

(CONTINUED)

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

MGR

Name and Address:

Bryan Nelson
14676 Hudson Ave
Spring Hill FL 34610

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: Jan 1, 2011. (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:

Bryan BS Nelson
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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Bryan BS Nelson
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)**