

L11000000 559

(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



600186381916

12/20/10--01026--011 \*\*130.00

FILED

10 DEC 30 PM 2:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

B. BOSTICK

JAN 3 2011

EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Osceola Glass And Mirror 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:

Howard J Nestle  
Name of Person

Osceola Glass And Mirror LLC.  
Firm/Company

1022 10<sup>th</sup> Street  
Address

St. Cloud FL 34769  
City/State and Zip Code

Osceola glass @ Yahoo. com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Howard J Nestle at ( 407 ) 922-9235  
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

FILED  
10 DEC 30 PM 2:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

Oscoda Glass And Mirror 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:

1022 10th Street  
St. Cloud FL 34769

#### Mailing Address:

1022 10th Street  
St. Cloud FL 34769

### 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:

Howard J Nestle  
Name

4101 Lake Gentry Rd.  
Florida street address (P.O. Box **NOT** acceptable)

St. Cloud FL 34772  
City, State, and Zip

FILED  
10 DEC 30 PM 2:35  
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..*

Howard J Nestle  
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

**Name and Address:**

MGR

Howard J Nestle  
4101 Lake Gentry Rd  
St. Cloud FL, 34772

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

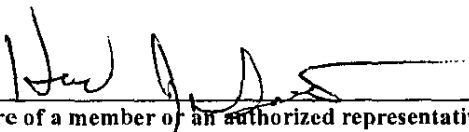
\_\_\_\_\_

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (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:**

  
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.)

Howard J Nestle  
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)


FILED  
10 DEC 30 PM 2:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



OSCEOLA GLASS AND MIRROR  
1022 10<sup>th</sup> Street  
St. Cloud FL 34769  
Phone 407-892-0841  
Fax 407-892-5159  
Osceolaglass@yahoo.com

December 16, 2010

To Whom It May Concern, I Howard J. Nestle president of OSCEOLA GLASS AND MIRROR will be converting my company from INC. to LLC. I will not be reinstating my incorporated status.

X 

Howard J. Nestle  
President

FILED  
10 DEC 30 PM 2:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 21, 2010

HOWARD J. NESTLE  
1022 10TH STREET  
ST. CLOUD, FL 34769

SUBJECT: OSCEOLA GLASS AND MIRROR LLC  
Ref. Number: W10000058735

FILED  
10 DEC 30 PM 2:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for OSCEOLA GLASS AND MIRROR LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6028.

Barbara Bostick  
Regulatory Specialist II

Letter Number: 410A00029468