

**L110000031486**

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : MARY G STEWART CPA PA  
Account Number : I20080000065  
Phone : (941) 258-3191  
Fax Number : (941) 258-3192

**L. SELLERS**

MAR 16 2011

**EXAMINER**

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**FLORIDA LIMITED LIABILITY CO.**  
**NicAnthony Developers LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

RECEIVED  
11 MAR 14 PM 2:31  
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**ARTICLES OF ORGANIZATION  
OF  
NicAnthony Developers, LLC**

**ARTICLE 1 - NAME**

The name of the Limited Liability Company is NicAnthony Developers, LLC, (hereinafter referred to as "Limited Liability Company").

**ARTICLE 2 - ADDRESS**

The mailing address and street address of the principal office of this Limited Liability Company shall be:

338 Wyatt Street, Port Charlotte, Florida 33954

**ARTICLE 3 - REGISTERED OFFICE AND REGISTERED AGENT**

The name and address of the registered agent of this Limited Liability Company is:

Paul Russo  
338 Wyatt Street  
Port Charlotte, Florida 33954

**ACCEPTANCE OF REGISTERED AGENT DESIGNATED  
IN ARTICLES OF ORGANIZATION**

Having been named as registered agent 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..

By:   
Paul Russo, Registered Agent

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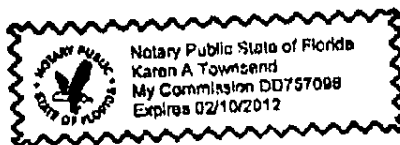
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State of Florida  
County of Charlotte

The foregoing instrument was acknowledged before me this 28<sup>th</sup> day of February, 2011 by  
Paul Russo.

Personally Known ☒ OR Produced Identification ☐  
Type of Identification Produced \_\_\_\_\_

  
\_\_\_\_\_  
Notary Signature



**ARTICLE 4 – TITLE, NAME, AND ADDRESS OF ALL MANAGING MEMBERS**

Paul Russo, MGRM  
338 Wyatt Street  
Port Charlotte, Florida 33954

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.

By   
\_\_\_\_\_  
Paul Russo, Organizing Member

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