

L11000055717

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

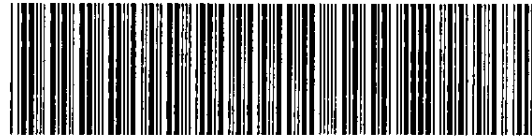
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400207296344

05/09/11--01022--021 **160.00

FILED
11 MAY -9 PM 3:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

G. HARVEY
MAY 11 2011
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NC Porter Advisory Group, 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:

Nicolas C. Porter

Name of Person

NC Porter Advisory Group, LLC

Firm/Company

5224 Fairway One Dr.

Address

Valrico, FL 33596

City/State and Zip Code

pporter17@verizon.net

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

For further information concerning this matter, please call:

Nicolas C. Porter

Name of Person

at (813) 685-4212

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
11 MAY -9 PM 3:23
SECRETARY OF STATE
TALLAHASSEE, FL 32301

**ARTICLES OF ORGANIZATION
OF
NC PORTER ADVISORY GROUP, LLC**

FILED
11 MAY -9 PM 3:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned, being authorized to execute and file these Articles pursuant to Chapter 608, Florida Statutes, for the purpose of forming a limited liability company, hereby certifies that:

**ARTICLE I
Name**

The name of the Limited Liability Company is NC Porter Advisory Group, LLC.

**ARTICLE II
Address**

The mailing address and street address of the principal office of the Limited Liability Company is 5224 Fairway One Dr., Valrico, Florida 33596.

**ARTICLE III
Registered Agent**

The initial Registered Agent of the Limited Liability Company shall be Nicolas C. Porter, and the street address of the initial Registered Agent of the Limited Liability Company shall be 5224 Fairway One Dr., Valrico, Florida 33596.

**ARTICLE IV
Duration**

The duration of the Limited Liability Company shall be perpetual until dissolved according to law.

**ARTICLE V
Management**

The Limited Liability Company is to be managed by the Members. Pursuant to Section 608.4235, Florida Statutes, no Member of the Limited Liability Company shall be an agent of the Limited Liability Company solely by virtue of being a Member. The name and address of the managing member is:

Nicolas C. Porter
5224 Fairway One Dr.
Valrico, Florida, 33596

FILED
11 MAY -9 PM 3:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VI Operating Agreement

Any operating agreement (as defined in Section 608.402, Florida Statutes) relating to this Limited Liability Company must be in writing and signed by all the Members.

ARTICLE VII Purpose and Powers

Section 1. The Limited Liability Company is formed for the purpose of engaging in any lawful activity or business for which limited liability companies may be organized under the laws of the State of Florida.

Section 2. The Limited Liability Company may exercise all powers, rights and privileges conferred on limited liability companies pursuant to the laws of the State of Florida.

ARTICLE VIII Indemnification

Except as expressly provided in the Operating Agreement, the Limited Liability Company shall indemnify any member, manager, or former member or manager to the fullest extent permitted by law.

IN WITNESS WHEREOF, I have signed these Articles of Organization as an authorized representative of the Members and hereby acknowledge them to be my act for the purpose of forming a limited liability company under the laws of the State of Florida on this 6th day of May, 2011.


Nicolas C. Porter., Member

**CERTIFICATE OF DESIGNATION AND ACCEPTANCE
REGISTERED AGENT/REGISTERED OFFICE**

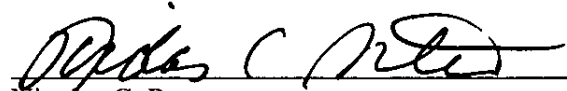
Pursuant to the provisions of Section 608.415, Florida Statutes, the following limited liability company, organizing under the laws of the State of Florida, submits this statement for the purpose of designating the registered office/registered agent in the State of Florida and evidencing the registered agent's acceptance of that position.

The name of the company is:

NC Porter Advisory Group, LLC

The name and address of the
registered agent and office is:

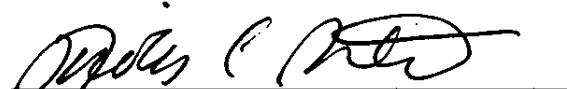
Nicolas C. Porter
5224 Fairway One Dr.,
Valrico, Florida 33596



Nicolas C. Porter
Member

Date: May 6, 2011

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 state that I am familiar with, and accept, the obligations of that position as provided for in Chapter 608, Florida Statutes. I further agree to comply with the provision of all statutes relating to the proper and complete performance of my duties as Registered Agent.



Nicolas C. Porter
Registered Agent

Date: May 6, 2011

FILED
11 MAY -9 PM 3:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA