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SECRETARY OF STATE

J. BRYAN

AUG - 9 2011

**EXAMINER** 

# **COVER LETTER**

**Registration Section** 

TO:

Division of Co	orporations		
SUBJECT: NSWE	BCT Properties, I	LC	
3000EC1.	· · · · · · · · · · · · · · · · · · ·	ed Liability Company	<del></del>
The enclosed Articles of	f Organization and fee(s) are	submitted for filing.	
Please return all corresp	ondence concerning this mat	ter to the following:	
Nikolaus	M. Schroth		
		Name of Person	
			30
		Firm/Company	ECR E
1307 Chip	opewa St.	·	HAS HAS
		Address	ASSEE.
Jupiter, FL	33458		F <sub>S</sub>
	Cit	y/State and Zip Code	ORIG ORIG
NikSchroth@	naisouthcoast.com	or future annual report notification)	
For further information of	concerning this matter, please	• ,	
Nikolaus Schroth	1	at ( 772 ) 403-3752	
Name o	of Person	Area Code & Daytime Telep	hone Number
Enclosed is a check for	r 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 Ci Tallahassee, FL 32301	

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ART	ICL	LE I	- N	ame:
-----	-----	------	-----	------

The name of the Limited Liability Company is:

# **NSWBCT Properties, 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:	Mailing Address:	
1307 Chippewa St	1307 Chippewa St	
Jupiter, FL 33458	Jupiter, FL 33458	
Nikolaus M. Sc		TARY O
Name		िल्ले 😎 🎹
1307 Chippewa St.		
Florid	da street address (P.O. Box NOT acceptable)	
Jupiter	33458	<b>1</b> -

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..

City, State, and Zip

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:

<u>Title:</u> "MGR" = Manager	Name and Address:	
"MGRM" = Managing Member		
MGR	Nikolaus M. Schroth 1307 Chippewa St. Jupiter, FL 33458	
	·	
<del></del> -	ALLAR AU	Π
	HASSEE.	
	FLORIDE STATE	<u> </u>
(Use attachment if necessary)	130	
ARTICLE V: Effective date, if other than the (If an effective date is listed, the date must be to or 90 days after the date of filing.)	date of filing: (OPTIONAL) e specific and cannot be more than five business days pri	or
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.)

While Solute

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)