

L11000097388

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H11000210378 3)))



H110002103783ABCK

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From: Account Name : HUBCO
Account Number : 104662003400
Phone : (516) 935-3940
Fax Number : (516) 935-3088

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

Email Address: johnnelson5926@hotmail.com

FLORIDA LIMITED LIABILITY CO.
John Nelson Services LLC

| | |
|-----------------------|----------|
| Certificate of Status | 1 |
| Certified Copy | 0 |
| Page Count | 02 |
| Estimated Charge | \$130.00 |

RECEIVED
11 AUG 24 PM 12:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 AUG 24 AM 7:51

T. HAMPTON
AUG 24 2011
EXAMINER

H11000210378

ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is: **John Nelson Services 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:

5926 SE Pine Drive

5926 SE Pine Drive

Stuart, FL 34997

Stuart, FL 34997

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

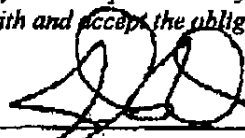
The name and Florida street address of the registered agent are:

John Nelson
Name

5926 SE Pine Drive
(P.O. Box or Mail Drop Box NOT Acceptable)

Stuart, FL 34997
(City / State / Zip)

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 - John Nelson

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 AUG 24 AM 7:51

H11000210378

ARTICLE IV - Manager(s) or Managing Member(s):

H11000210378

The name and address of each Manager or Managing Member is as follows:

Title:

Name and Address:

"MGR" = Manager

"MGRM" = Managing Member

MGR

John Nelson - 5926 SE Pine Drive, Stuart, FL 34997

(Use attachment if necessary)

REQUIRED SIGNATURE:



Signature of a member or 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.)

John Nelson

Typed or printed name of signer

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 AUG 24 AM 7:51

H11000210378