611000107953

(Requestor's Name)
(Addross)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Decument Number)
(Document Number)
Certified Copies Certificates of Status
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Special Instructions to Filing Officer:

A. LUNT

SEP 21 2011

EXAMINER

Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: NatureCast, LLC		
Name of Limited Li	ability Company	
The enclosed Articles of Organization and fee(s) are subm	nitted for filing.	
Please return all correspondence concerning this matter to	the following:	
Teri Jenison		
Nam	ne of Person	
NatureCast, LLC		
Firm	n/Company	_
3716A Interstate Park Rd. N.		
A	Address	781
West Palm Beach, FL 33404		S 7
·	te and Zip Code	
bradjenison@att.net E-mail address: (to be used for fut	ture annual report notification)	32 17
For further information concerning this matter, please call:		認 二 に
Teri Jenison	561 744-6632	See
Name of Person	Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount:		
Certificate of Status	\$155.00 Filing Fee & S160.00 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	Street/Courier Address Registration Section Division of Corporations	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

NatureCast, 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:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Principal Office Address:	Mailing Address:	
NatureCast, LLC	same	
3716A Interstate Park Rd. N.		_
West Palm Beach, FL 33404	<u> </u>	_
	<u> </u>	
	Name	152
17549 Bridl	e Lane	
Florid	da street address (P.O. Box NOT acceptable)	
Jupiter	_{FL} 33478	
	City, State, and 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 (REQUIRED)

(CONTINUED)

Page 1 of 2

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

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

mgr	Teri Jenison
<u></u>	17549 Bridle Lane
	Jupiter, FL 33478
	
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	32
(Use attachment if necessary)	
CLE V: Effective date, if other t	than the date of filing: (OPTIONA
ffective date is listed, the date days after the date of filing.)	must be specific and cannot be more than five business day

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penaltics 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.)

Teri Jenison

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)