

L120000007278

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

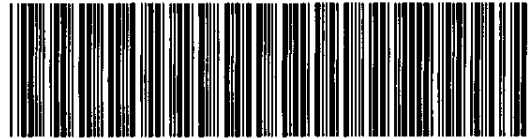
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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700215464557

12/27/11--01046--011 **130.00

EFFECTIVE DATE 01-17-12

FILED
12 JAN 17 AM 11:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK

JAN 17 2012

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NOR CAP ATV & MOTORCYCLE SALVAGE

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:

WILLIAM J. OPSAHL

Name of Person

Firm/Company

889 NE 27TH LANE UNIT 9

Address

FORT MYERS, FL 33905

City/State and Zip Code

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

For further information concerning this matter, please call:

WILLIAM J. OPSAHL

Name of Person

at (239) 229-8681

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

12 JAN 17 AM 11:05
STATE
TALLAHASSEE, FLORIDA

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

NOR CAP ATV & MOTORCYCLE SALVAGE, 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:

889 NE 27TH LANE UNIT 9
CAPE CORAL, FL 33909

Mailing Address:

889 NE 27TH LANE UNIT 9
CAPE CORAL, FL 33909

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

WILLIAM J. OPSAHL

Name


889 NE 27TH LANE UNIT 9

Florida street address (P.O. Box **NOT** acceptable)

CAPE CORAL FL 33909

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)

FILED
12 JAN 17 PM
CLERK OF DISTRICT COURT
TALLAHASSEE, FL 32304

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

WILLIAM J. OPSAHL
11593 ISLAND AVE
MATLACHA, FL 33993

MGRM

BRADLEY SPEARING
889 NE 27TH LANE UNIT 9
CAPE CORAL, FL 33909

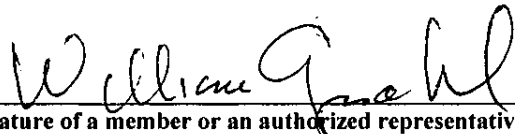
MGRM

JACQUELINE OPSAHL
11593 ISLAND AVE
MATLACHA, FL 33993

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: JANUARY 17, 2012. (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.)

WILLIAM J. OPSAHL

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)

FILED
12 JAN 17 PM 3:47
DEPT. OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 28, 2011

WILLIAM J. OPSAHL
889 NE 27TH LANE
UNIT 9
FT. MYERS, FL 33905

SUBJECT: NOR CAP ATV & MOTORCYCLE SALVAGE
Ref. Number: W11000064113

We have received your document for NOR CAP ATV & MOTORCYCLE SALVAGE and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a limited liability company must contain the designation "L.L.C.," "LLC," "L.C.," or "LC," or the words "LIMITED LIABILITY COMPANY," or "LIMITED COMPANY." Please amend the name of your entity accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6028.

Barbara Bostick
Regulatory Specialist II

Letter Number: 111A00028789