## Florida Department of State

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(((H12000149900 3)))



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## FLORIDA LIMITED LIABILITY CO.

Nancy Phillips LLC

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

EXAMINER

H12000149900

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name The name of the Limited Liability Company is: Nancy Phillips 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: 919 South 11th Street 919 South 11th Street Lantana, FL 33462 <u>Lantana, FL 33462</u> ARTICLE III - Registered Agent, Registered Office & Registered Agent's Signature The name and Florida street address of the registered agent are: Nancy Phillips Name 919 South 11th Street (P.O. Box or Mail Drop Box NOT Acceptable) Lantana, FL 33482 (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 pusition as registered agent as provided for in Chapter 608, E.S.

Registered Agent's Signature - Nancy Phillips

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	ager or Managing Member is as follows:	
Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:	
MGRM	Nancy Phillips - 919 South 11th Street, Lantan	a, FL 33462
	· · · · · · · · · · · · · · · · · · ·	
(Use attachment il necessary)		
REQUIRED SIGNATURE:		
Signature	of a member or authorized representative of a member	
	ice with section 608.408(3), Florida Statutes, the execu nstitutes an affirmation under the penalties of perjury are true.)	that the facts
	Nancy Phillips	2012 JUN SEGRETA
	Typed or printed name of signee	TARY OF STA