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COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT: Robert Nash and Ass	sociates, LLC
. SOBSECT.	nited Liability Company
The enclosed Articles of Organization and fee(s) as	re submitted for filing.
Please return all correspondence concerning this m	atter to the following:
Natasha Carter	
	Name of Person
Robert Nash and Associa	ates, LLC
	Firm/Company
495 47th Ave N	
	Address
St. Petersburg, FL 33703	
	City/State and Zip Code
njcarterstpete@gmail.com	
E-mail address: (to be used	d for future annual report notification)
For further information concerning this matter, plea	se cail:
Natasha Carter	at (727) 557-8276
Name of Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\times \text{S130.00 Filing Fee & Certificate of Status}	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 Taliahassee, FL 32301



July 30, 2012

NATASHA CARTER 495 47TH AVE N ST. PETERSBURG, FL 33703

SUBJECT: ROBERT NASH AND ASSOCIATES, LLC

Ref. Number: W12000039908

We have received your document for ROBERT NASH AND ASSOCIATES, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date is not acceptable since it is not within five working days of the date of receipt.

The articles were received on 07/27/12.

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) 245-6051.

Neysa Culligan Regulatory Specialist II

Letter Number: 512A00019863

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Con	npany is:	
Robert Nash and Associ	ates, LLC	
(Must end with the words "Li	mited 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:	
495-47th Ave N	495 47th Ave N	
St. Petersburg, FL 33703	St. Petersburg, FL 33703	
ARTICLE III - Registered Agent, Re (The Limited Liability Company cannot serve as its business entity with an active Florida registration.)	own Registered Agent. You must designate an inc	
The name and the Florida street addres	s of the registered agent are:	E # 5
Natasha Carter		SER
	Name	五 4
495 47th Av	e N	SERVICE

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

St. Petersburg FL 33703

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

<u>Title:</u>	Name and Address:	
"MGR" = Manager		
"MGRM" = Managing Member	•	ă.
MCB	: Natasha Carter	
MGR	495 47th Ave N	
	St. Petersburg, FL 33703	
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