12000118440

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP . WAIT MAIL				
(Business Entity Name)				
,				
(Document Number)				
Certified Copies Certificates of Status				
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EXAMINER



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SLORE JARY OF STATE OF PRINCIPAL OF STATE

COVER LETTER

TO:	Registratio Division of	n Section Corporations		•
SUBJI	ECT. MIS	S NICOLE LIMITE	D LIABILITY COM	PANY
SUBJ	EC1;		ed Liability Company	
The en	nclosed Article	s of Organization and fee(s) are	submitted for filing.	ធ្វើ
Please	return all corre	espondence concerning this mat	ter to the following:	ris ?
	GWEN	BROWN		12 SEP 14 PH
	OVILIV	BITOTAL	Name of Person	2
			Firm/Company	
	731 PIN	IE VALE DRIVE	Address	
	\		Address	
	NAPLES,	, FL 34104	y/State and Zip Code	
	GWENBR	OWN25@EMBARQM	AIL.COM	
Fan for			or future annual report notification))
		on concerning this matter, please		
GWE	EN BROW	ne of Person	at (239) 404-4259 Area Code & Daytime Te	
	114	ile of Forson	Area code de Baytime re	siephone Pulliber
		for the following amount:	F===	
\$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 Addres Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPAND

ARTICLE I - Name:

The name of the Limited Liability Company is:

MISS NICOLE LIMITED LIABILITY COPMANY

(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:	Mailing Address:
731 PINE VALE DRIVE	731 PINE VALE DRIVE
NAPLES, FL 34104	NAPLES, FL 34104

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:

GWEN B	ROWN			
	Name			
731 PINE VALE DRIVE				
	Florida street address (P.O. Box NOT acceptable)			
NAPLES	_{FL} 34104			
	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)

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

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

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing M	lember
MGR	Johnnie K.
	731 PINE VALE DRIVE NAPLES, FL 34104
MGR	Guendoly n
	731 PINE VALE DRIVE
	NAPLES, FL 34104
(Use attachment if necess	sary)
ADTICLE V. Effective data if a	then then the date of filing. (ODTIONAL)
If an effective date is listed, the	ther than the date of filing: (OPTIONAL) date must be specific and cannot be more than five business days prio
o or 90 days after the date of fili	
	•
REQUIRED SIGNATU	RE:
	2) hy 3
Signatur	re of a member or an authorized representative of a member.
(In accordance wi	ith section 608.408(3), Florida Statutes, the execution of this document irmation under the penalties of perjury that the facts stated herein are true.
I am aware that a	any false information submitted in a document to the Department of State degree felony as provided for in s.817.155, F.S.)

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)

Ohnny Brown
Typed or printed name of signee