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SECRETARY OF STATE TALLAHASSEE, FLORID!

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D. BRUCE

OCT 5 2012

EXAMINER

EFFECTIVE DATE 09/28/12

## **COVER LETTER**

	Registration Section Division of Corporations			
SUBJEC	CT: NESCO Associates LLC			
	Name of Limited Liability Company			
The encl	osed Articles of Organization and fee(s) are submitted for filing.			
Please re	eturn all correspondence concerning this matter to the following:			
	Melissa Miller Name of Person			
	Name of Person			
_	NESCO Associates LLC Firm/Company	·		
	Firm/Company			
_	2161 Forrest Road Address			
	Address			
_	Winter Park, FL 32789 City/State and Zip Code	<del></del>		
	Chy/state and Zip Code	Ess	72	
_	missy 25 millur @ yahoo. com  E-mail address: (to be used for future annual report notification)	<u> </u>	OC.1	
For furth	er information concerning this matter, please call:	SECRETARY OF STATE	<del>-</del>	FILE
Me	Name of Person at (917) 721-1625  Area Code & Daytime Telephone Number	0F S 7	<b>H</b>	9.0
	Name of Person Area Code & Daytime Telephone Number ,	遊台	S	
Enclosed	d is a check for the following amount:	\$2.00°		
\$125.00 F	Filing Fee \$\sqrt{130.00}\$ Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) \$160.00 Filing Fee & Certificate of Status (additional copy is enclosed)	ıs &		
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building			

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

res LLC	
ability Company, "L.L.C.," or "LLC.")	
•	
principal office of the Limited Liabilit	ty Company is:
Mailing Address:	
Attn: Melissa Miller	
2161 Forrest Road	<del></del>
Winter Park, FL 327	85
eu Omce, & Registereu Agent's Sigi	nature:
gistered Agent. You must designate an individual o e registered agent are:	FILED  12 OCT -4 AMII: SECRETARY OF STANLAHASSEELFLO
e registered agent are:	FILED  12 OCT -4 AM  SECRETARY OF ALLAHASSEELF
	•

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..

stered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

EFFECTIVE DATE 04/28/12

APPROVEN

ARTICLE IV- Manager(s) or Managing Member(s	(s)
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The name and address of each Manager or Managing Member is as follows:

<u> Fitle:</u>	Name and Address:	
'MGR" = Manager 'MGRM" = Managing Mer	mber	
MERM	Melissa Miller	
	2161 Forrest Road	
	winter Park, FL 32789	
MGRM	Leah Miller	
	1609 Barcelona Way	
	Winter Park, FL 32789	
	·	

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: September 28, 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:**

(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.)

Muissa Miller

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)

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