

L12000134402

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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Special Instructions to Filing Officer:

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S. TONER

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10/22/12 Left message can't have  
a 9/14/12 effective date. Set 10/22/12



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W12-48010

09/17/12--01027--014 \*\*125.00

FILED  
12 OCT 19 PM 3:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 18, 2012

CHRISTOPHER STANLEY KNIGHT  
NITRO HOME IMPROVEMENTS LLC  
517 8TH AVENUE NORTH  
JACKSONVILLE BEACH, FL 32250

SUBJECT: NITRO HOME IMPROVEMENTS LLC  
Ref. Number: W12000048010

We have received your document for NITRO HOME IMPROVEMENTS 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 name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Sean Toner  
Senior Section Administrator

Letter Number: 912A00023391

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**NITRO HOME IMPROVEMENTS LLC**

**SUBJECT:** \_\_\_\_\_  
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:

**CHRISTOPHER STANLEY KNIGHT**

\_\_\_\_\_  
Name of Person

**NITRO HOME IMPROVEMENTS LLC**

\_\_\_\_\_  
Firm/Company

**517 8TH AVENUE NORTH**

\_\_\_\_\_  
Address

**JACKSONVILLE BEACH FLORIDA 32250**

\_\_\_\_\_  
City/State and Zip Code

**SURFERJAX@AOL.COM**

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

For further information concerning this matter, please call:

**PAUL WETTRICH**

\_\_\_\_\_  
Name of Person

at ( **904** ) **246-1829**

\_\_\_\_\_  
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

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

**NITRO HOME IMPROVEMENTS 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:**

517 8TH AVENUE NORTH  
JACKSONVILLE BEACH  
FLORIDA 32250

**Mailing Address:**

517 8TH AVENUE NORTH  
JACKSONVILLE BEACH  
FLORIDA 32250

**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:

**CHRISTOPHER S KNIGHT**

Name


**517 8TH AVENUE NORTH**

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

**JACKSONVILLE BEACH FL 32250**

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)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

MGR

JACKSONVILLE BEACH FLORIDA 32250