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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.

Letter Number: 912A00023391

Sean Toner Senior Section Administrator

www.sunbiz.org

COVER LETTER

TO: Registration Section Division of Corporations NITRO HOME IMPF	ROVEMENTS LLC
SUBJECT:	ted Liability Company
Name of Limi	ted Liability Company
The enclosed Articles of Organization and fee(s) are	submitted for filing.
Please return all correspondence concerning this ma	_
NITRO HOME IMPRO	Name of Person VEMENTS LLC
	Firm/Company
517 8TH AVENUE NO	RTH
	Address
JACKSONVILLE BEACH FLO	RIDA 32250
C	ty/State and Zip Code
SURFERJAX@AOL.COM	for future annual report notification)
For further information concerning this matter, pleas	•
For regimes information concerning this matter, protecting	out.
PAUL WETTRICH at (904) 246-1829	
Name of Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\times \text{Certificate of Status}	Certified Copy (additional copy is enclosed) Gadditional copy is enclosed) 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

V

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 propey 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

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

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

Title:	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Member MGR	CUDICTORUED C MAIIOUT
GR	CHRISTOPHER S KNIGHT
	517 8TH AVENUE NORTH
	JACKSONVILLE BEACH FLORIDA 32250
	
(Use attachment if necessary)	
NEW TOOLS IN SOME A SECONDARY	1. cg: 00/44/2042 (opproximate)
	e date of filing: 09/14/2012 (OPTIONAL)

ARTIC (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

Signature of a member or an authorized representative of a member.

(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.)

CHRISTOPHER Spherical Signed

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)