

#L/3000025081

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

CORRECTION TO EFF. DATE PER
CONVERSATION WITH L. MOBLEY
2-18-2013 KS
CORRECTION TO NAMES ALSO.

Office Use Only



500244622985

EFFECTIVE DATE
2-10-2013

02/15/13--01017--014 **125.00

NOTED UP STATE
MAGISTRATE, FLORIDA

13 FEB 15 PM 1:48

FILED

(850) 245-6051.

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Nursery Lite

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:

L. Mobley

Name of Person

Nursery Lite

Firm/Company

2220 CR210 West Suite 108-218

Address

Jacksonville, Florida 32259

City/State and Zip Code

nurserylite@att.net

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

For further information concerning this matter, please call:

L Mobley

Name of Person

at (**904**) **759-6081**

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:

Nursery Lite LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

EFFECTIVE DATE
2-10-2013

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

2220 CR210 West Suite 108-218

Jacksonville, Florida 32259

Mailing Address:

2220 CR210 West Suite 108-218

Jacksonville, Florida 32259

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:

Mobley, LYNN
Name

2220 CR210 West Suite 108-218

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

Jacksonville FL 32259
City, State, and Zip

FILED
13 FEB 15 PM 1:48
CLERK OF STATE
TALLAHASSEE, FLORIDA

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:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Mobley, LYNN

2220 CR210 West Suite 108-218

Jacksonville, Florida 32259

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: February 10, 2013 (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:


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.)

L Mobley

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)