

43000107998

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

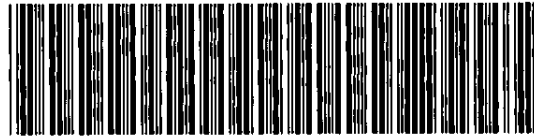
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000249251660

07/01/13--01015--007 **125.00

FILED
13 JUL 26 PM 1:36
CLERK OF STATE
TALLAHASSEE, FLORIDA

JUL 30 2013
D. BUTLER

(850).245-6051.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ~~LONG LLC~~

Name of Limited Liability Company

~~NALONG~~

LLC

del 7/15/13
Nancy A. Long

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

NANCY LONG

Name of Person

~~LONG LLC~~

~~NALONG~~

LLC

Firm/Company

2355 SW 18TH AVENUE

Address

FORT LAUDERDALE, FLORIDA 33315

City/State and Zip Code

Proschnong @HOTMAIL.COM *del 7/15/13*

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

Nancy A. Long

For further information concerning this matter, please call:

NANCY LONG

Name of Person

at (**1800**) **529-1874**

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:

LONG LLC NALONG "LLC." *Nancy A. Long*
(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:

2355 SW 18TH AVE
FORT LAUDERDALE, FLORIDA 33315

Mailing Address:

PO BOX 21372
FORT LAUDERDALE, FLORIDA 33335

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

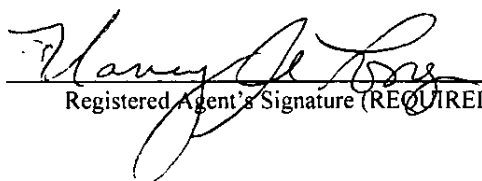
(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

USA SPECIALIZED MANAGEMENT LLC *Nancy A. Long*
Name

2355 SW 18th Av.
Florida street address (P.O. Box **NOT** acceptable)
Fort Laud. Fl. 33315 FL
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.

Nancy A. Long

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:

Nancy A. Long

Mgr

Nancy Long

2361 SW 18th AVE
Ft. Lauderdale, FL 33315 Jul 1/15/13

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 7/2/13. (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:

Nancy A. Long

Nancy A. Long

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.)

NANCY A. LONG

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)