

L13000134570

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

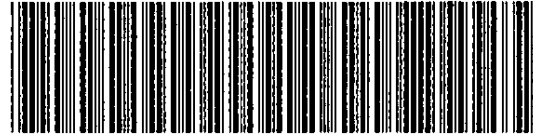
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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09/23/13--01045--008 \*\*155.00

Effective Date 12/12/13

FILED

2013 SEP 23 AM 11:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SEP 24 2013

T. HAMPTON

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Bill Novak, LLC**  
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:

**William T. Novak**

Name of Person

**Bill Novak, LLC**

Firm/Company

**23228 Grassy Pine Drive**

Address

**Estero, Florida, 33928**

City/State and Zip Code

**wnovak2400@comcast.net**

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

For further information concerning this matter, please call:

**William Novak**

Name of Person

at ( **586** ) **8714600**

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

18Sept13

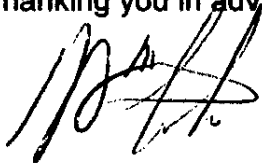
Florida Department of State  
Registration Section  
Divisions of Corporations  
P.O. BOX 6327  
Tallahassee, FL 32314

To whom it may concern,

This cover letter is intended to comply with the instructions appearing within the Forms and Instructions of the Florida Limited Liability Company documents.

Applicant  
William T. Novak  
23228 Grassy Pine Drive  
Estero, FL 33928  
Phone: 586.871.4600  
Email: [wnovak2400@comcast.net](mailto:wnovak2400@comcast.net)

Thanking you in advance,



Enclosures: completed and signed forms  
Check #3012 in the amount of \$155.00



Effective Date

12/12/13

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

Bill Novak, 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:

23228 Grassy Pine Drive

Estero, Florida

33928

#### Mailing Address:

P.O. Box 367177

Bonita Springs, Florida

34136

### 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:

William T. Novak

Name

23228 Grassy Pine Drive

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

Estero, Florida, 33928

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..*

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FLORIDA

**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:**

MGR \_\_\_\_\_

William T. Novak

23228 Grassy Pine Drive

Estero, Florida 33928

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: DECEMBER 12, 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.)

William T. Novak

\_\_\_\_\_  
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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TALLAHASSEE, FLORIDA