

L14000018345

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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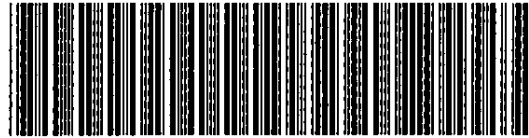
(Business Entity Name)

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J. Stivers FEB 03 2013

STATE OF
ILLINOIS
JAN 31 PM 2:03
JAN 31 2013

(850) 245-6051.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:

NRG INTERNATIONAL IMAGING CONSULTANTS. L.L.C
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:

NELSON R. GIRON

Name of Person

NRG INTERNATIONAL IMAGING CONSULTANTS L.L.C

Firm/Company

2121 W. OAKLAND PARK BLVD. SUITE #2

Address

OAKLAND PARK FL 33311

City/State and Zip Code

NRG.IMAGING.INT@gmail.com

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

For further information concerning this matter, please call:

NELSON GIRON at (954) 655-0999

Name of Person

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

NELSON GIRON
6078 Savannah Way
Lake Worth, Florida 33463
Telephone: (954) 655-0999

January 29, 2014

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

RE: NRG International Imaging Consultants, L.L.C.

Dear Sir/Madam:

Enclosed please find a completed Cover Letter, Articles of Organization for a Florida Limited Liability Company, and a check in the amount of \$125.00 to cover the filing fee. Thank you for your attention to this matter. If you have any questions, please contact me at the above telephone number.

Very truly yours,

Nelson Giron

Nelson Giron
Enclosures

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

NRG INTERNATIONAL IMAGING CONSULTANTS L.L.C
(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:

2121 W. OAKLAND PARK BLVD
SUITE #2 OAKLAND PARK FL.
33311

Mailing Address:

2121 W. OAKLAND PK. BLVD
SUITE #2 OAKLAND PARK
FL 33311

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:

NELSON R. GIRON
Name
6078 SAVANNAH WAY
Florida street address (P.O. Box NOT acceptable)
LAKE WORTH FL 33463
City, State, and Zip

14 JAN 31 PM 2:03
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.

[Signature]
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:

MGR

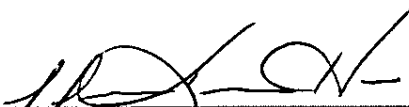
NELSON R. GIRON
6078 SAVANNAH WAY
LAKE WORTH FL 33346

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (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.)

NELSON R. GIRON
Typed or printed name of signee

14 JAN 31 PM 2:03
TALLAHASSEE, FL
STATE DEPARTMENT OF REVENUE

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)