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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

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MAIL

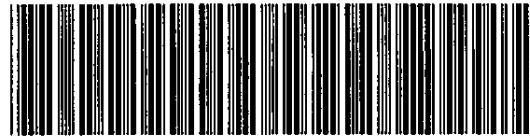
(Business Entity Name)

(Document Number)

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14 FEB 12 PM 0:36  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

J. Shivers FEB 13 2014

HENRY P. TRAWICK, P.A.  
P.O. Box 4009  
Sarasota, Florida 34230  
941 366-0660

LLC TRANSMITTAL:

Date: February 4, 2014

Re: 1843 Floyd Street LLC

Enclosed are the original and copy of proposed articles of organization with our check for your fees computed as:

Filing fee	\$ 125.00
Certified Copy	\$ 30.00

Please certify the copy and return it to us.

Division of Corporations  
Department of State  
P.O. Box 6327  
Tallahassee, Florida 32314

HPT/jab

1843 FLOYD STREET LLC  
ARTICLES OF ORGANIZATION

BY THESE ARTICLES the undersigned members form a limited liability company under Florida law:

1. NAME. The name of this limited liability company is 1843 FLOYD STREET LLC.
2. ADDRESS. The mailing address of the principal office of the company is 4130 Boca Pointe Drive, Sarasota, Florida 34238 and the street address is the same.
3. REGISTERED AGENT. The name of the initial registered agent is RAYMOND D. HAUTAMAKI. The agent's address is 4130 Boca Pointe Drive, Sarasota, Florida 34238.
4. MANAGEMENT. The company is to be a manager managed company. The name of the manager is Raymond d. Hautamaki. The members reserve the right to change managers from time to time.
5. OPERATING AGREEMENT. The power to adopt, alter, amend or repeal the operating agreement of the company shall be vested in the members of the company.

DATED on February 4, 2014.

  
Raymond D. Hautamaki

HAVING BEEN NAMED as registered agent and to accept service of process for the above named limited liability company at 4130 Boca Pointe Drive, Sarasota, Florida 34238, I hereby accept the appointment of registered agent and agree to act in this capacity. I agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties. I am familiar with and accept the obligations of my position as registered agent.

  
Raymond D. Hautamaki

**WILLIAMSPARKER**  
HARRISON DIETZ & GETZEN

ATTORNEYS AT LAW  
200 SOUTH ORANGE AVENUE  
SARASOTA, FLORIDA 34236  
T: (941) 552-5550  
F: (941) 552-5559  
soneil@williamsparker.com  
FLORIDA REGISTERED PARALEGAL

February 6, 2014

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

LLP140000324-6  
02/10/14--01009--021 \*\*25.00

Re: NU Beginnings at Sarasota, LLP

Dear Sir or Madam:

Enclosed is the 2014 Limited Liability Partnership Annual Report for Nu Beginnings at Sarasota, LLP. Also enclosed is our Firm's check in the amount of \$25.00, made payable to the Florida Department of State, representing the filing fee. Please file this report as quickly as possible.

Thank you, and please contact me at (941) 552-5550 should any problems arise in connection with this filing.

Sincerely,



Sharon M. O'Neil  
Corporate Paralegal

sno-2612634\_1.docx  
Enclosures

2014 FEB 10 2014

**2014 LIMITED LIABILITY PARTNERSHIP ANNUAL REPORT**  
**FEE IS \$25.00! REPORT DUE BY MAY 1, 2014**

SECRETARY OF STATE



FLORIDA DEPARTMENT OF STATE  
 DIVISION OF CORPORATIONS

14 FEB 10 AM 10:37  
 SELLER'S OFFICE  
 TALLAHASSEE, FLORIDA

REGISTRATION # LLP040003097  
 1. Name and Mailing Address

**NU BEGINNINGS AT SARASOTA, LLP**

P.O. BOX 20696  
 SARASOTA, FL 34276

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2.

3. Principal Place of Business Address

343 W. ROYAL FLAMINGO DRIVE  
 SARASOTA, FL 34236

5. Federal Employee Identification Number

20-1516452

Applied For
Not Applicable

7. Name and Address of Registered Agent

POWELL-YODER, ELEANOR C  
 343 W. ROYAL FLAMINGO DRIVE  
 SARASOTA, FL 34236

LLP #

CR2E029 (2/10)

2. New Mailing Address, if Applicable:

Suite, Apt#, etc.

City State Zip Code

4. New Principal Office Address, if Applicable:

Suite, Apt#, etc.

City State Zip Code

6. Certificate of Status Desired:

\$8.75 Additional Fee Required

8. New Name and/or Address of Registered Agent:

Name

Street Address (P.O. Box Number is Not Acceptable)

FL

City Zip Code

9. New Registered Agent's Signature, If Changed  
 The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

**SIGNATURE:** \_\_\_\_\_  
SIGNATURE, TYPED OR PRINTED NAME OF REGISTERED AGENT AND TITLE IF APPLICABLE. Date

10. General Partner's Signature (REQUIRED)  
 The execution of this report as a partner constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

**SIGNATURE:** Eleanor C. Powell-Yoder 1/22/14 941-400-6308  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING PARTNER Date Daytime Phone #

**E-mail Address:** ncim.president@verizon.net  
(To be used for future annual report notifications)