

L14000050518

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

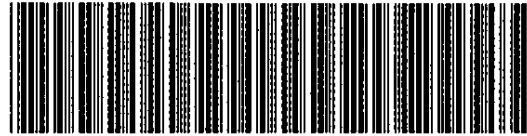
Certified Copies



Certificates of Status

Special Instructions to Filing Officer:

Office Use Only



800257894078

03/24/14--01048--018 \*\*155.00

FILED  
14 MAR 24 AM 10:39  
TALLAHASSEE, FLORIDA  
OFFICE OF THE CLERK  
STATE OF FLORIDA

MAR 27 2014

T. BROWN

Carol Allison Document Service  
2650 Baywood Drive  
Titusville, Florida 32780

March 18, 2014

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

RE: NANCY LAKE, LLC

Enclosed please find one original and one copy of Articles of Organization for the above LLC. Enclosed check for \$155.00 for the following fees.

Filing Fee	\$125.00
Certified Copy	\$30.00

Please return all correspondence concerning this matter to the following:

Carol Allison Document Service  
2650 Baywood Drive  
Titusville, Florida 32780  
321.480.9789

Sincerely,



Carol Allison

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY  
COMPANY**

**ARTICLE I**

Name of Limited Liability Company is:

NANCY LAKE, LLC.

**ARTICLE II**

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

**Principal Office Address:**

4586 Seatle Street  
Cocoa, Fl. 32927

**Mailing Address:**

4586 Seatle Street  
Cocoa, Fl. 32927

**ARTICLE III**

Registered Agent, Registered Office, & Registered Agent's Signature:

*(You must designate an individual or another business with an active Florida registration)*

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

Nancy Lake  
4586 Seatle Street  
Cocoa, Fl. 32927

*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 605, F.S.*

  
\_\_\_\_\_

Date: March 18, 2014

**FILED**  
14 MAR 21 AM 10:39  
TALLAHASSEE, FLORIDA

**ARTICLE IV**

Manager or Managing Member(s):

The name and address of each Manager or Authorized Member is as follows:

Title

Name and Address

"AMGR"=Authorized Member

"MGR"= Manager

AMGR

Nancy Lake

4586 Seattle Str

Cocoa, Fl. 32927

**ARTICLE V (Optional)**

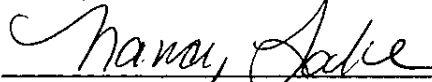
Effective date, if other than the date of filing: File Date

*(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.)*

**Article VI (Other Provisions, if any.)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REQUIRED SIGNATURE:**



*(In accordance with section 605.0203 (1)(b), 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 Lake

March 18, 2014