

L14000054144

(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:

APR - 2 2014
A. LUNT

Office Use Only



900258417779

03/31/14--01006--025 **130.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2014 MAR 31 PM 5: 01

FILED

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Nuts Plus 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:

Lynda M. Conte
Name of Person

Nuts Plus LLC
Firm/Company

3 Wintergreen Way
Address

Ocala, FL 34482
City/State and Zip Code

NutsPlusFl@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lynda M. Conte at (352) 410-3073
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

2014 MAR 31 PM 5:01
TALLAHASSEE FLORIDA

FILED

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:
"AMBR" = Authorized Member
"MGR" = Manager
AMBR

Name and Address:
Lynda M Conte
3 Wintergreen Way
Ocala, Fl 34482

AMBR

Paul L. Nehring
3 Wintergreen Way
Ocala, Fl 34482

FILED
2014 MAR 31 PM 5:01
STATE DEPT OF STATE
TALLAHASSEE, FLORIDA

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 4-1-14 (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.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

Lynda M. Conte

Signature of a member or an authorized representative of a member.
(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.)

LYNDA M CONTE
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)