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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

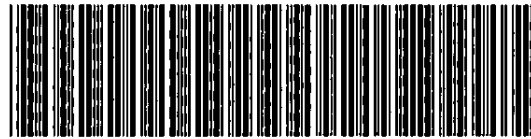
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OFFICE OF STATE
TALLAHASSEE, FLORIDA

2014 MAY 13 AM 10:56

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SCHWARTZ LAW FIRM

Attorneys at Law

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Oakdale, Minnesota 55128

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ΔAdmitted in Iowa

†Admitted in Minnesota

*Admitted in Wisconsin

◇ Qualified Rule 114 Neutral and

Qualified Family Law Neutral

May 7, 2014

Registration Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

RE: Nutrios, LLC – Articles of Organization

Dear Sir/Madam:

Enclosed herewith for filing please find the Articles of Organization for Nutrios, LLC and a draft in the amount of \$160.00 representing the filing fee, Certificate of Status fee and Certified Copy fee.

Thank you for your courtesies. Should you have any questions or concerns, please do not hesitate to contact me.

Sincerely,

SCHWARTZ LAW FIRM

Brandon M. Schwartz

BMS/cjs
Enclosures

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Nutrios, 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:

Brandon Schwartz
Name of Person

Schwartz Law Firm
Firm/Company

600 Inwood Avenue N, Suite 130
Address

Oakdale, MN 55128
City/State and Zip Code

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

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For further information concerning this matter, please call:

Brandon Schwartz at (651) 528-6800
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) | <input checked="" type="checkbox"/> \$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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Nutrios, 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:

1155 SW Mirror Lake Cove
Port St. Lucie, FL 34986

Mailing Address:

1155 SW Mirror Lake Cove
Port St. Lucie, FL 34986

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 another business entity with an active Florida registration.)

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

Pete Balbo

Name

1155 SW Mirror Lake Cove

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

Port St. Lucie

FL 34986

City

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 605, F.S.

Pete Balbo

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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2014 MAY 13 PM 10:56
CLERK OF CIRCUIT COURT
IN AND FOR THE COUNTY OF ST. LUCIE, FLORIDA

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/MGR

Name and Address:

Peter Balbo

1155 SW Mirror Lake Cove

Port St. Lucie, FL 34986

AMBR/MGR

Pete Hoefler

1155 SW Mirror Lake Cove

Port St. Lucie, FL 34986

(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.)

ARTICLE VI: Other provisions, if any.

The purpose of the Company is to engage in any lawful business or businesses.

and to engage in all other activities necessary, customary, convenient or incident thereto.

including, but not limited to, high-end dry blending using non-aqueous cleaning techniques.

REQUIRED SIGNATURE:

Peter Balbo

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.)

Peter Balbo, Member/Manager

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)