

L14 000106075

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

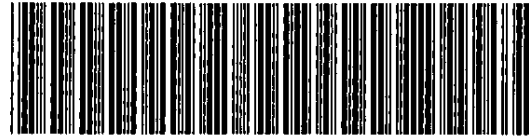
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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06/18/14--01022--022 **160.00

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STATE OF MISSISSIPPI

625



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 19, 2014

NELSON GONZALEZ
18492 NW 52ND PATH
MIAMI GARDENS, FL 33055

SUBJECT: NELSONS FIRE SYSTEMS
Ref. Number: W14000038345

We have received your document for NELSONS FIRE SYSTEMS and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date is not acceptable since it is not within five working days of the date of receipt.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 914A00013346

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Nelsons Fire Systems
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 Antonio Gonzalez or Alexandra Gonzalez
Name of Person

Nelsons Fire Systems
Firm/Company

18492 NW 52nd Path
Address

Miami Gardens, FL 33055
City/State and Zip Code

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

For further information concerning this matter, please call:

Alexandra Gonzalez at (786) 3254771
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

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

MGR

MGR

Name and Address:

Nelson Antonio Gonzalez
18492 NW 52nd Pkwy
Miami Gardens FL 33055

Nelson Andres Gonzalez
18492 NW 52nd Pkwy
Miami Gardens FL 33055

Alexandra Gonzalez
18492 NW 52nd Pkwy
Miami Gardens FL 33055

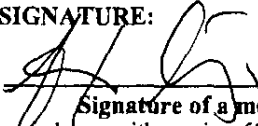
(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 8-4-2014 (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:



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.)

Alexandra Gonzalez

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)

FILED
14 JUL -3 PM 1:46
MIAMI GARDENS, FL