L14 000106075

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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

District of Company in D.O. DOV 6297 Wellshames Florida 20214

COVER LETTER

Registration Section
Division of Corporations

TO:

SUBJECT: Nelsons Fire Systems Name of Limited Liability Company	
Name of Elimica Elability 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 Gonzal	€Ŧ
Nelsons Fire Systems Firm/Company	
18492 NW 52nd Path Address	
Miami Gardens, FL 33055	
Miami Gardens, FL 33055 City/State and Zip Code ngfire systems @ gmail. com E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
A texandra Gontalet at (786) 325477) Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\text{Certificate of Status}\$\$ Certificate of Status \$\text{Certified Copy}\$ (additional copy is enclosed) \$\text{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:	
Nelsons Fire Systems (Must end with the words "Limited Liab	ility Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office office of the pri	of the Limited Liability Company is:
	Sailing Address:
Miami Gardens Fl 33055	
ARTICLE III - Registered Agent, Registered Office, & Re (The Limited Liability Company cannot serve as its own Registanother business entity with an active Florida registration.)	
The name and the Florida street address of the registered agen	t are:
Atexandra Gonta	det
Name	2 nd Path Hiami Gardens, FL 3305
Florida street address (P.O. Box NOT	Facentable)
Hiami Gardens City	FL 33055 Zip
Having been named as registered agent and to accept service of the place designated in this certificate, I hereby accept the capacity. I further agree to comply with the provisions of all of my duties, and I am familiar with and accept the obligation Chapter 60. Registered Agent's Signature (1)	appointment as registered agent and agree to act in this statutes relating to the proper and complete performance ons of my position as registered agent as provided for in 15, F.S
(CONTINUED)	
Page 1 of 2	4 JUL -3 PH 1:46

The name and address of each person a	authorized to manage and control the Limited Liability Company:
<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	Nelson Antonio, Gonzalez
<u> </u>	18492 NW CAME POHN
	Miumi Gardens FL 33055
MGR	Nelson Andres Gontalez
	18492 NN 52 Patr
	Miumi Gardens FU 3805
MGR	Alexandra Gonzalez
	18492 NW 52md Patr
	Miami Gardens FU 3305 S
(Use attachment if necessary)	
•	te of filing: 8-4-2614- (OPTIONAL)
TCLE V: Effective date, if other than the date effective date is listed, the date must be s	te of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90 days
ate of filing.)	pecine and cannot be more man live business days prior to or 70 days
ICLE VI: Other provisions, if any.	
vi: Onici provisions, ii any.	
REQUIRED SIGNATURE:	
$A \setminus \{ \langle \gamma \rangle \}$	
Signature of a m	ember or an authorized representative of a member.
(In accordance with section 6	605.0203 (1) (b), Florida Statutes, the execution of this document
constitutes an affirmation und	der the penalties of perjury that the facts stated herein are true.
I am aware that any false info	ormation submitted in a document to the Department of State
-	ony as provided for in s.817.155, F.S.)
Atexand	Typed or printed name of signee
	Typed or printed name of signee

ARTICLE IV-

Page 2 of 2

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)