

L1400024464

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

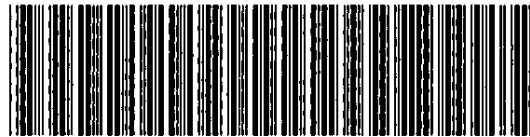
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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08/06/14--01009--016 \*\*130.00

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14 AUG - 6 PM 2:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

EFFECTIVE DATE  
8/7/14

AUG 08 2014

S. YOUNG

**TO: Registration Section  
Division of Corporations**

**SUBJECT:**

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:

Name of Person

Brad Carlisle

Firm/Company

Nothing We Can't Do L.L.C.

8801 W Knights Griffin rd.

Address

Plant city, FL 33565

City/State and Zip Code

E-mail address, (to be used for future annual report notification)

For further information concerning this matter, please call:

Brad Carlisle

Name of Person

at

(813)

Area Code

764-5018

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 6000  
Tallahassee, FL 32314

**Street/Courier Address**

Registration Section  
Division of Corporations  
2661 Executive Center Circle  
Tallahassee, FL 32301

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Nothing We Can't Do 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:**

**Mailing Address:**

8801 w knights Griffin rd  
plant city, FL 33565

8801 w knights Griffin rd  
plant city, FL 33565

**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 or another business entity with an active Florida registration.)

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

Darryl Johnson  
Name  
8801 w knights Griffin rd  
Florida street address (P.O. Box NOT acceptable)  
Plant city, FL 33565  
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, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

Darryl Johnson  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

AMBR

Brad Carlisle

8801 W Knights Griffin rd  
Plant city, FL 33565

AMBR

Darryl Johnson

8801 W Knights Griffin rd  
Plant city FL 33565

(See attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 8-4-14 (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:**

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 § 817.155, F.S.)

Brad Carlisle

(Type or printed name in signature)

**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)

Page 1 of 1

FILED  
2014  
AUG 14  
PLANT CITY  
FL 33565