

LI40000136470

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

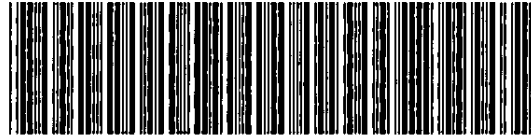
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

0014-35602

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JULIAN S. C. F. WINDS

AUG 20 2014
D. BRUCE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 5, 2014

LEAHY & ASSOCIATES, P.A.
535 CENTRAL AVENUE, SUITE 300
PETERSBURG, FL 33701-3703

SUBJECT: NICKEL HOLDINGS, L.L.C.
Ref. Number: W14000035002

We have received your document for NICKEL HOLDINGS, L.L.C. and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes.

Please return 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.

Deborah Bruce
Regulatory Specialist II

Letter Number: 114A00012135

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

2014 AUG 19 PM 12:43

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Leahy & Associates, P.A.

A Professional Association

Timothy B. Leahy, Esquire

May 27, 2014

Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Re: Filing for a Limited Liability Company

Dear Sir or Madam:

Enclosed, please find the original and one copy of the Articles of Organization for NICKEL HOLDINGS, L.L.C. Also please find enclosed a check in the amount of \$155.00 to cover the cost involved in filing of the articles as a limited liability company and for the Certified Copy. Please send all things that will be sent from your office that involve the above company to the offices of Leahy & Associates, 535 Central Avenue, Suite 300, St. Petersburg, FL 33701. The E-mail address for annual reports is ccshoppe@gmail.com

Thank you for your cooperation in this matter. Please call me if you have any questions.

Sincerely



Timothy B. Leahy, Esq.
Leahy & Associates, P.A.
Phone (727) 515-0251
E-mail tim@timleahyesq.com

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2014 AUG 19 PM 12:43
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: NICKEL HOLDINGS 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:

Nicole Mangels
Name of Person

Firm/Company

8340 58th St. North
Address

Pinellas Park, Florida 33781
City/State and Zip Code

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

For further information concerning this matter, please call:

Nicole Mangels at (727) 637-7526
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

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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

NICKEL HOLDINGS, 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:

8340 58th St. North
Pinellas Park, FL 33781

8340 58th St. North
Pinellas Park, FL 33781

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:

Nicole Mangels
Name

8340 58th St. North
Florida street address (P.O. Box **NOT** acceptable)

Pinellas Park FL 33781
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..

Nicole Mangels

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, 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:

Nicole Mangels

8340 58th St. North

Pinellas Park, FL 33781

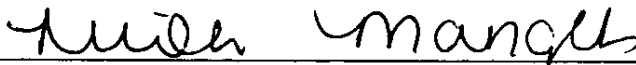
(Use attachment if necessary)

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.

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.)

Nicole Mangels

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)

DEPT OF STATE
TREASURY
CORPORATION
DIVISION

2014 AUG 19 PM 12:43

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