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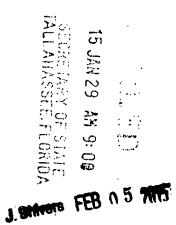
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Nelson Creek Properties, 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:
Michael D. Johnson
Name of Person
Nelson Creek Properties, LLC Firm/Company
F tith/Company
10307 E. 34 th Terr. S.
Address
Independence, MO 64052
City/State and Zip Code
Mayfield_johnson@gmail.com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Michael D. Johnson at (402) 680-8397
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount: \$155

\$100.00 Filing Fee + \$25.00 Registered Agent Fee + \$30.00 Certified Copy

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Nelson Creek Properties, LLC	
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
Nelson Creek Properties, LLC 10307 E. 34 th Terr. S.	
Independence, MO 64052	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as business entity with an active Florida registration.) The name and the Florida street address of the registration.	s its own Registered Agent. You must designate an individual or another on.)
Jo A. Bailey	
Name	
1455 90th Ave.	Lot#30
Vero BeachCity	FL 32966-7576 Zip
company at the place designated in this certificact in this capacity. I further agree to comply performance of my duties, and I am familiar prov	and to accept service of process for the above stated limited liability ficate, I hereby accept the appointment as registered agent and agree to with the provisions of all statutes relating to the proper and complete with and accept the obligations of my position as registered agent as mided for in Chapter 605, F.S
ARTICLE IV- The name and address of each person authorize	ted to manage and control the Limited Liability Company
Title: AMBR	Name and Address: Michael D. Johnson 10307 E. 34th Terr. S. Independence, MO 64052
AMBR	Donna M. Mayfield
	10307 E. 34 th Terr. S.
	Independence MO 64052

ARTICLE V: Effective date, if other than the date of filing: <u>Date Filed</u> . (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.
SEE OPERATION AGREEMS NT - INCLUSED IN
THIS MAILING
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.)
Michael D. Johnson
Typed or printed name of signee

15 JAN 29 AM 9: 08
SECRETARY OF STATE