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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

15 JAN 29 AM 9:00

J. Shivers FEB 05 2015

**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

10307 E. 34<sup>th</sup> 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

Name of Person

at

( 402 )

Area Code

680-8397

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 principal office of the Limited Liability Company is:

**Principal Office Address:**

Nelson Creek Properties, LLC

10307 E. 34<sup>th</sup> Terr. S.

Independence, MO 64052

**Mailing Address:**

Nelson Creek Properties, LLC

10307 E. 34<sup>th</sup> Terr. S.

Independence, MO 64052

**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:

Jo A. Bailey

Name

1455 90<sup>th</sup> Ave, Lot#30

Vero Beach FL 32966-7576

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..*

  
Registered Agent's Signature (REQUIRED)

**ARTICLE IV-**

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

**Title:**

AMBR

**Name and Address:**

Michael D. Johnson

10307 E. 34<sup>th</sup> Terr. S.

Independence, MO 64052

AMBR

Donna M. Mayfield

10307 E. 34<sup>th</sup> Terr. S.

Independence, MO 64052

15 JAN 29 AM 9:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLE V: Effective date, if other than the date of filing: Date Filed

(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 OPERATING AGREEMENT - INCLUDED 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 9:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA