## #15000029101

(Requestor's Name)
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PICK-UP WAIT MAIL
(Quainose Estity Mama)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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EFFECTIVE DATE

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2015 FEB -3 PH 3: 26
SECRE FARY OF STATE
ASSEE, FLORID

K.SALY EXAMINER FEB 17 2015

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Princeton Nassau 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:
Maurice McLaughlin Name of Person
Name of Person
Princeton Nassau LLC
Firm/Company
56 Grey Wing Point
Naples Florida 34113  City/State and Zip Code  Maurice inclausahlin 1@ gmail: com:  E-mail address: (to be used for inture annual report notification)
City/State and Zip Code
F-mail address: (to be used for future annual report potitication)
For further information concerning this matter, please call:
Maurice Mclaughlin at (239) 249-1000  Name of Person Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee
Mailing Address Registration Section  Street/Courier Address Registration Section

Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314 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:	EFFECTIVE DATE
Princeton Nassau LLC	3
(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:  She Grey Wing Point  Naples FL 34113  Mailing Address  Prince  She Grey  Naples FL 34113	ton Nassau LLC by Lyng Paint 23 Florida 34113
ARTICLE III - Registered Agent, Registered Office, & Registered Agent (The Limited Liability Company cannot serve as its own Registered Agent. Vanother business entity with an active Florida registration.)	
The name and the Florida street address of the registered agent are:	
maurice melau.  Name  She Grey Wing Point	shlin' Bill T
Florida street address (P.O. Box NOT acceptable)	P
Naples FI. 34	d13
Having been named as registered agent and to accept service of process for the place designated in this certificate, I hereby accept the appointment as capacity. I further agree to comply with the provisions of all statutes relating of my duties, and I am familiar with and accept the obligations of my positions of my	registered agent and agree to act in this g to the proper and complete performance
(CONTINUED)	

Page 1 of 2

Fitle:	Name and Address:
AMBR" = Authorized Member MGR" = Manager	
*AMBP"	Mastice McJanghlini
	56 Gley Wing Tolk
	Defres E Still
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	72
ctive date is listed, the date must be sp	of filing: Sanualy 28,2015. (OPTIONAL) ecific and cannot be more than five business days prior to or 90 days.
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