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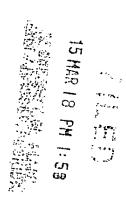
(Reque	stor's Name)	
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(City/St	rate/Zip/Phone #)	
PICK-UP	WAIT MAIL	
(Busine	ess Entity Name)	
(Document Number)		
Certified Copies	Certificates of Status	
Special Instructions to Filing Officer:		
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February 27, 2015

CARL MCNABB 646 NE 80TH AVE OKEECHOBEE, FL 34974

SUBJECT: NUTS & BOLTS, LLC Ref. Number: W15000014371

We have received your document for NUTS & BOLTS, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return the corrected original and one copy of 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.

Letter Number: 115A00004119

Justin M Shivers Regulatory Specialist II Registration/Qualification Section

www.sunbiz.org

COVER LETTER

TO: Registration Section Division of Corporation		
SUBJECT:	Nuts & Bolts, LLC Name of Limited Liability Company	
The enclosed Articles of Orga	anization and fee(s) are submitted for filing.	
Please return all corresponder	nce concerning this matter to the following:	
(Parl Lee Mc Nabb	
Nuts & Bolts, LC Firm/Company		
61	46 N.E. 80th Ave.	
Okeec	hobee 91. 34974 City/State and Zip Code	
<u>500</u>	COS15 Q UANDO · COM iil address: (to be used for future annual report notification)	
For further information conce	rning this matter, please call:	
CARIL MEN	rson at (863) 634-9339 Area Code Daytime Telephone Number	
Enclosed is a check for the fo	llowing amount:	
Central States 125.00 Filing Fee \$13	0.00 Filing Fee & Status Statu	
Mailing Ac Registration Division of P.O. Box 6 Tallahassee	Section Registration Section Corporations Division of Corporations 327 Clifton Building	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

e of the Limited Liability Company is:	
Nuts & Bolts. 11C	· •
(Must end with the words "Limited Lie	ability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of the principal offic	e of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
646 N.E. 80th AUC	646 N.E. 80th Ave.
Okeechobee, Fl. 34974	Okeechobee, II. 34974
ARTICLE III - Registered Agent, Registered Office, & F (The Limited Liability Company cannot serve as its own Reganother business entity with an active Florida registration.)	Registered Agent's Signature: gistered Agent. You must designate an individual or
The name and the Florida street address of the registered age	ent are:
CARIL MC	nahh
Name	11000
646 N.E. 80th A	We.
Florida street address (P.O. Box NO	
Okeechobee	FL 34974
City	Zip
Having been named as registered agent and to accept service the place designated in this certificate, I hereby accept the capacity. I further agree to comply with the provisions of a of my duties, and I am familiar with and accept the obligation. Chapter 6	e appointment as registered agent and agree to act in this ll statutes relating to the proper and complete performance tions of my position as registered agent as provided for in
	1)Ch
Registered Agent's Signature	(REQUIRED)
(CONTINUED)	18
Page 1 of 2	PH 1:53



, ARTICLE IV- The name and address of each person authorize	ed to manage and control the Limited Liability Company:
Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
"AMBR"	CARI Lee Mcnabb 646 N.E. Ruts Ave. OKcechobee, Fl. 34974
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the date of filin (If an effective date is listed, the date must be specific a the date of filing.)	g: (OPTIONAL) nd cannot be more than five business days prior to or 90 days after
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	man
Signature of a member of the section 605.0203 (1) (1) constitutes an affirmation under the penalties of perjular am aware that any false information submitted in a constitutes a third degree felony as provided for in s.8	locument to the Department of State
CARI L W Typed	d or printed name of signee
Filing Fees: \$125.00 Filing Fee for Articles of Organization and De of Registered Agent \$ 30.00 Certified Copy (Optional)	We have the state of the state
\$ 5.00 Certificate of Status (Optional)	

Page 2 of 2