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(Re	equestor's Name)	
(Ad	ldress)	.=
(Ac	idress)	 .
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	me)
(Do	ocument Number))
Certified Copies	_ Certificate:	s of Status
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T SCHROEDER

COVER LETTER

TO:	Registration Division of 0	i Section Corporations		
SUBJI	CCT:	NJS R	lealty Group, imited Liability Company	LLC.
The en	closed Articles	of Organization and fee(s) a	are submitted for filing.	
Please	return all corre	spondence concerning this r	matter to the following:	
		Je	Stilwill Name of Person	
		NIS	Firm/Company	, LLC
		810	Innergary P	
		Val	City/State and Zip Code	594
		NJSR	ed for future annual report notifica	izan.net
		E-mail address: (to be us	ed for findire annual report notifica	ation)
For fur	ther information	on concerning this matter, ple	ease call:	
	Jeff	Stilwill at (9(3) 685 9 Area Code Daytime Te	603
	Nar	ne of Person	Area Code Daytime Te	lephone Number
Enclos	ed is a check fe	or the following amount:		
\$125.0	0 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

'ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:				
NJS Rea				
(Must end with the words "Limited	Liab Hty Company, "L.L	.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the principal of	fice of the Limited Liabi	lity Company is		
Principal Office Address:	Mailing Address:			
819 Janergary Pl Valrico FL 33594	Vatrice	Innergo	174 P	' (
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own lanother business entity with an active Florida registration	Registered Agent. You m		individi	ual or
The name and the Florida street address of the registered	agent are:			
Jeff S Name	Hilwill			
819 Junergary Florida street address (Plo. Box	Pl			
Florida street address (P.O. Box				
Valrico	FL 335	94		
City	Zip			
- Almy 1	the appointment as regis of all statutes relating to the igations of my position as er 605, F.S ure (REQUIRED)	tered agent and he proper and co	agree to implete p	act in this performance
(CONTINUI	E D)	en (i) en i i e vis	~ 3	
Page 1 of 2	,	SEBRETARY OF STA	2015 APR 27 P	
		S. F.	ىب	

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:	
MGR	Jeff Stilwill 819 Ensergary Pl Valorio Pet 33594	
AMBR	Nicole Massey 819 Intergary of Pl Valrico Feb 33594	
(Use attachment if necessary)	•	
Tective date is listed, the date must l of filing.)	e date of filing: (OPTIONAL) be specific and cannot be more than five business days prior to c	
LE V: Effective date, if other than the fective date is listed, the date must of filing.) LE VI: Other provisions, if any. REQUIRED SIGNATURE:	be specific and cannot be more than five business days prior to o	
fective date is listed, the date must of filing.) LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of (In accordance with secticonstitutes an affirmation I am aware that any false constitutes a third degree	a member of an authorized representative of a member. on 605.0203 (1) (b), Florida Statutes, the execution of this docume under the penalties of perjury that the facts stated herein are true. information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.) Textrey Jewill	
fective date is listed, the date must of filing.) LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of (In accordance with secticonstitutes an affirmation I am aware that any false constitutes a third degree \$125.00 Filing Fee for Articles of	a member or an authorized representative of a member. on 605.0203 (1) (b), Florida Statutes, the execution of this docume under the penalties of perjury that the facts stated herein are true. information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.) Text T. Hilling Fees: of Organization and Designation of Registered Agent	
fective date is listed, the date must of filing.) LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of (In accordance with secticonstitutes an affirmation I am aware that any false constitutes a third degree	a member or an authorized representative of a member. on 605.0203 (1) (b), Florida Statutes, the execution of this docume under the penalties of perjury that the facts stated herein are true. information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.) Text Typed of printed name of signee Filing Fees: of Organization and Designation of Registered Agent (al)	