

L15000170758

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

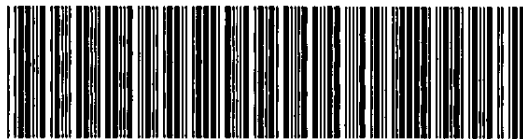
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900277595639

10/02/15--01017--018 \*\*130.00

FILED  
15 OCT -2 AM 4:05  
TALLAHASSEE, FLORIDA

OCT ' 7 2015  
S. GILBERT

Carolyn  
Nelson-Goedert  
President/CEO

September 27, 2015

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

To Whom It May Concern:

Enclosed please find the articles of incorporation forms for Nth Degree Works and the required payment.

Peace and power,

  
Carolyn Nelson-Goedert

Enclosure



**NthDegreeWorks**

PO Box 551727  
Miami Gardens, FL 33055

305-627-1855  
Carolyn@NthDegreeWorks.com  
NthDegreeWorks.com

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Nth Degree Works 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:

Carolyn Nelson-Goedert

Name of Person

Nth Degree Works LLC

Firm/Company

PO Box 551727

Address

Miami Gardens, FL 33055

City/State and Zip Code

Carolyn@NthDegreeWorks.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Carolyn Nelson-Goedert      305      627-1855  
at (      )  
Name of Person      Area Code      Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$125.00 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**

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**

New Filing 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:

Nth Degree Works LLC

(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:

20363 NW 32ND PLACE  
Miami Gardens, FL 33056

Mailing Address:

PO Box 551727  
Miami Gardens, FL 33055

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:

Nicholaus Nelson-Goedert

Name

20363 NW 32nd Place

Florida street address (P.O. Box **NOT** acceptable)

Miami Gardens

FL

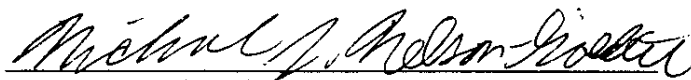
33056

City

State

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)

(CONTINUED)

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

President/CEO

**Name and Address:**

Carolyn Nelson-Goedert

PO Box 551727

Miami Gardens, FL 33055

Chief Operating Officer

Nicholaus Nelson-Goedert

PO Box 551727

Miami Gardens, FL 33055

(Use attachment if necessary)

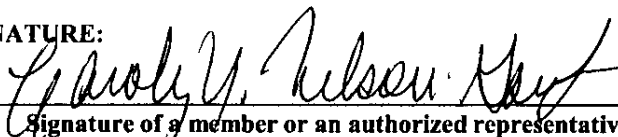
**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_. (OPTIONAL)

(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.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any.

**REQUIRED SIGNATURE:**



Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.  
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.

Carolyn Nelson-Goedert

Typed or printed name of signee

**Filing Fees:**

**\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent**

**\$ 30.00 Certified Copy (Optional)**

**\$ 5.00 Certificate of Status (Optional)**