

L15000213146

(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



800279392578

12/17/15--01001--009 **160.00

EFFECTIVE DATE

1-1-16

2015 DEC 17 AM 11:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DEC 30 2015

T. BROWN

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Nick Poe & Associates, 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:

NICHOLAS S. POE

Name of Person

Nick Poe & Associates, LLC
Firm/Company

590 WELLS ROAD, STE. 2

Address

ORANGE PARK, FLORIDA 32073

City/State and Zip Code

NSPOE@FIRSTCOMMAND.COM

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

For further information concerning this matter, please call:

NICHOLAS S. POE

904

269-8772

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:

Nick Poe & Associates, LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

2015 DEC 17 AM 11:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

590 WELLS ROAD

STE. 2

ORANGE PARK, FLORIDA 32073

Mailing Address:

12481 DEEDER LANE

JACKSONVILLE, FLORIDA 32258

EFFECTIVE DATE
1-1-16

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:

NICHOLAS S. POE

Name

12481 DEEDER LANE

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

JACKSONVILLE

FLORIDA

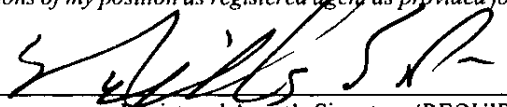
32258

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

AMBR

Name and Address:

NICHOLAS S. POE

590 WELLS ROAD, STE. 2

ORANGE PARK, FLORIDA 32073

(Use attachment if necessary)

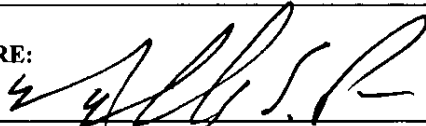
ARTICLE V: Effective date, if other than the date of filing: JANUARY 1, 2016. (OPTIONAL)

(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.

NICHOLAS S. POE

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)