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COVER LETTER

	egistration Section ivision of Corporations			
CHDIFCT	Neice Restoration LLC.			
SUBJECT		of Limited Liabi	lity Company	
The enclose	ed Articles of Organization and fed	e(s) are submitted	I for filing.	
Please retu	rn all correspondence concerning t	his matter to the	following:	
	Dena Neice			
		Name of	Person	
	Neice Restoration LLC.			
		Firm/Co	ompany	
	1005 LaVilla Rd			
		Add	ress	
	Punta Gorda FL 33950			
		City/State ar	nd Zip Code	
-	E-mail address: (to b	e used for future	annual report notificati	on)
For further in	nformation concerning this matter,	please call:		
	Dena Neice	941 at (626-3564	
	Name of Person	Area Code	Daytime Telephon	e Number
Enclosed is	a check for the following amount	:		
\$125.00 Fi	ling Fee \$130.00 Filing Fee Certificate of Stat	us LCertif	00 Filing Fee & ied Copy al copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section		Street Address New Filing Section	

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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:				
Neice Restoration LLC	C.				
(Must end w	rith the words "Limited	d Liability Compan	ıy, "L.L.C.," or "LLC.")		
ARTICLE II - Address:					
The mailing address and street add	dress of the principal o	office of the Limite	d Liability Company is:		
<u>Principal</u>	l Office Address:		Mailing Address:		
1005 LaVilla Rd					
Punta Gorda FL 3395	50	<u> </u>			
					
ARTICLE III - Registered Ager	nt, Registered Office,	& Registered Age	ent's Signature:		
			. You must designate an individual or		
another business entity with an ac	ctive Florida registratio	on.)			
The name and the Florida street ac	ddress of the registered	d agent are:			
	D N '		差 요	16	
	Dena Neice	Name		FEB	
		Name		1	77
	1005 LaVilla Rd			ထ်	1
	Florida street addres	s (P.O. Box NOT	77)	722	
	Punta Gorda	FL	33950	H 10: 18	1_0
	City	State			
	•		<u>ਂ</u>	ී. පා	

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..

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
AMBR	Dena Neice
	1005 LaVilla Rd
	Punta Gorda FL 33950
	6 FEB
	
	e date of filing: February 10, 2016 (OPTIONAL)
ICLE V: Effective date, if other than the effective date is listed, the date must ate of filing.)	be specific and cannot be more than five business days prior to or 90 days at a not meet the applicable statutory filing requirements, this date will not be listed
CLE V: Effective date, if other than the effective date is listed, the date must ate of filing.) If the date inserted in this block does becoment's effective date on the Department.	be specific and cannot be more than five business days prior to or 90 days at a not meet the applicable statutory filing requirements, this date will not be listed
CLE V: Effective date, if other than the effective date is listed, the date must te of filing.) If the date inserted in this block does becoment's effective date on the Depart CLE VI: Other provisions, if any. REQUIRED SIGNATURE:	be specific and cannot be more than five business days prior to or 90 days at a not meet the applicable statutory filing requirements, this date will not be listed ment of State's records.
CLE V: Effective date, if other than the effective date is listed, the date must te of filing.) If the date inserted in this block does be comment's effective date on the Depart CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of This document is	be specific and cannot be more than five business days prior to or 90 days as not meet the applicable statutory filing requirements, this date will not be listed that the state of State's records. Due to the state of the stat
CLE V: Effective date, if other than the effective date is listed, the date must te of filing.) If the date inserted in this block does becoment's effective date on the Depart CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of This document is I am aware that an	be specific and cannot be more than five business days prior to or 90 days at a not meet the applicable statutory filing requirements, this date will not be listed that the state of State's records. Due to the applicable statutory filing requirements, this date will not be listed that the state of State's records.
CLE V: Effective date, if other than the effective date is listed, the date must note of filing.) If the date inserted in this block does be comment's effective date on the Depart CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of This document is I am aware that an	not meet the applicable statutory filing requirements, this date will not be listed at member or an authorized representative of a member. executed in accordance with section 605.0203 (1) (b), Florida Statutes. y false information submitted in a document to the Department of State degree felony as provided for in s.817.155, F.S.

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)

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ARTICLE IV-