

L16000060902

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

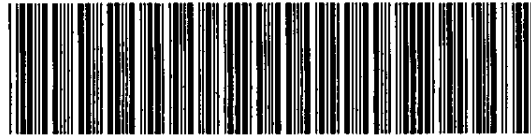
(Document Number)

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W18-917

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16 MAR 24 PM 4:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

03-29-16  
9

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Neal's Excitation Services 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:

Neal M. Saller  
Name of Person

Neal's Excitation Services LLC  
Firm/Company

681 Chat Holley Road  
Address

Santa Rosa Beach, Florida 32459  
City/State and Zip Code

dive bytes@hotmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Neal M. Saller at (309) 716-7899  
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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 14, 2016

NEAL M. SALLER  
681 CHAT HOLLEY ROAD  
SANTA ROSA BEACH, FL 32459

SUBJECT: NEAL'S EXCITATION SERVICES LLC  
Ref. Number: W16000018917

We have received your document for NEAL'S EXCITATION SERVICES LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please complete page 2 of the Articles of Organization. Fictitious name application not needed for filing.,

Please return 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) 245-6052.

Tim Burch  
Regulatory Specialist II

Letter Number: 616A00005223

RECEIVED

16 MAR 24 AM 11:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Neal's Excitation Services 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:

681 Chat Holly Road  
Santa Rosa Beach,  
Florida 32459

Mailing Address:

681 Chat Holly Road  
Santa Rosa Beach,  
Florida 32459

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:

Neal M. Saller

Name

681 chat Holly Rd

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

Santa Rosa Beach, Florida 32459

City

State

Zip

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

16 MAR 24 PM 4:50

FILED

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..

Neal M. Saller

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

MGR

AMBR

AMBR

**Name and Address:**

Neal M. Saller  
681 Chat Holly Road  
Santa Rosa Beach, Florida 32459

Dalton Saller  
2503 37th Ave.  
Rock Island, IL 61201

Megan Saller  
2503 37th Ave  
Rock Island, IL 61201

(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:**

Neal M. Saller  
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.

Neal M. Saller  
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)