

46000078296

(Requestor's Name)

(Address)

(Address)

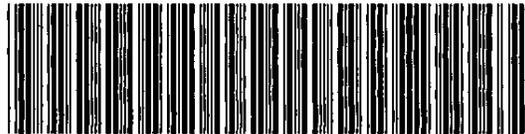
(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____



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04/05/16--01021--012 **155.00

Special Instructions to Filing Officer:

Mr. Lewis **GAVE**
AUTHORIZATION BY PHONE TO
CORRECT change name
DATE 4/29/16
DOC. EXAM VST

Office Use Only

~~466-26637~~

SECRETARY OF STATE
TALLAHASSEE FLORIDA
16 APR 22 PM 1:32

FILED

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: New Level Enterprises, 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:

David F. Lewis

Name of Person

New Level Enterprises, LLC

Firm/Company

P. O. Box 74

Address

Chipley, FL 32428

City/State and Zip Code

newlevelenterprises3llc@yahoo.com

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

For further information concerning this matter, please call:

David Lewis 863 532-3440
_____ 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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 11, 2016

DAVID F LEWIS
PO BOX 74
CHIPLEY, FL 32428

SUBJECT: NEW LEVEL ENTERPRISES, LLC
Ref. Number: W16000026637

We have received your document for NEW LEVEL ENTERPRISES, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

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: 016A00007373

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED

16 APR 22 PM 1:32

ARTICLE I - Name:

The name of the Limited Liability Company is:

SECRETARY OF STATE
TALLAHASSEE FLORIDA

NEW LEVEL 3 ENTERPRISES, 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:

Mailing Address:

751 Kirkland Road
Chipley, FL 32428

P. O. Box 74
Chipley, FL 32428

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:

David F. Lewis
Name

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

Chipley FL 32428
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)

FILED

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company: 16 APR 22 PM 1:32

Title:
"AMBR" = Authorized Member
"MGR" = Manager
MGRM

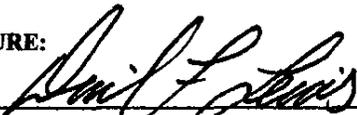
Name and Address: SECRETARY OF STATE
TALLAHASSEE FLORIDA

David Lewis
751 Kirkland Road
Chipley, FL 32428

(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.

David F. Lewis
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)