

L160000112591

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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Special Instructions to Filing Officer:

Office of the Clerk  
JUN 10 2016

T. SCOTT



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16 JUN -6 PM 3:10

RECEIVED  
DIVISION OF REVENUE  
JUN 10 2016

601-16

Dear FL Department of State,

I am the owner of the company  
NP Autocare Corp that ~~was created~~  
I dissolved a few months ago. I have  
no intention of revocation of dissolution  
and I am releasing the name to be  
used to form an LLC.

Thank-you  
Nitiphat Phewfhad

Nitiphat Phewfhad

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** NP Autocare  
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:

NITIPHAT NICK PHEWFHAD  
Name of Person

NP Autocare  
Firm/Company

4252 WESTROADS DR. UNIT D  
Address

WEST PALM BEACH, FL 33407  
City/State and Zip Code

NICK@NPAUTOCARE.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

K. Bounheuangviseth at (561) 398-9817  
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:

NP Autocare 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:

4252 WESTROADS DR. UNIT D  
WEST PALM BEACH, FL 33407

Mailing Address:

142 MAPLECREST CIR  
JUPITER, FL 33458

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:

NITIPHAT NICK PHEUPHAT

Name

4252 WESTROADS DR. UNIT D

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

WEST PALM BEACH, FL 33407

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..

Nitiphat Pheuphat  
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

Nitiaphat Nick PH

**Name and Address:**

MGR

Nitiaphat Nick PhewPhad

1252 1008 Aspri Way  
Palm Beach Gardens, FL 33418

AMBR

Khankham Bounheuangviseth

142 Maplecrest Cir  
Jupiter, FL 33458

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 5-29-16 (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:**

Nitiaphat Nick PhewPhad

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.

NITIPHAT NICK PHEWPHAD

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)