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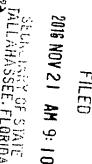
(Requestor's Name)				
(Address)				
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PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				

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COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJI	Denise Nelms and Associate	s LLC
3000		me of Limited Liability Company
The en	aclosed Articles of Organization and	fee(s) are submitted for filing.
Please	return all correspondence concernir	ng this matter to the following:
	Denise Nelms	
		Name of Person
	Denise Nelms and Associates	LLC
		Firm/Company
	6840 11th Ave N.	
		Address
	St. Petersburg, FL 33710	
	denisenelms@hotmail.com	City/State and Zip Code
	E-mail address: (to	be used for future annual report notification)
For furth	her information concerning this matt	ter, please call:
	Denise Nelms	727 343-0281 at ()
	Name of Person	Area Code Daytime Telephone Number
Enclos	sed is a check for the following amo	unt:
\$125.0	00 Filing Fee \$130.00 Filing Certificate of S	
	Mailing Address	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



November 3, 2016

DENISE NELMS 6840 11TH AVE N. ST. PETERSBURG, FL 33710

SUBJECT: DENISE NELMS AND ASSOCIATES LLC

Ref. Number: W16000074667

We have received your document for DENISE NELMS AND ASSOCIATES LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), AuthorizedPerson (AP), or Authorized Representative (AR).

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

Please return the corrected original and one copy of 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.

Valerie Herring Regulatory Specialist II New Filing Section

Letter Number: 616A00023713

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED

ARTICLE I - Name:

The name of the Limited Liability Company is:

2016 NOV 21 AM 9: 10

Denise Nelms and Associates LLC

SECRETARY OF STATE TALLAHASSEE FLORIDA

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

ARTICLE II - Address:

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

<u>P1</u>	incipal Office Address:		<u>Mailing Address</u> :
6840 11th Ave) 11th Ave. N
St. Petersburg,	FL 33710	St. I	Petersburg, FL 33710
			
(The Limited Liability Cor another business entity wi	ed Agent, Registered Office, and approximate an active Florida registration of the registered Denise Nelms	Registered Agent. n.)	nt's Signature: You must designate an individual or
	Denise Netras	Name	· · · · · · · · · · · · · · · · · · ·
	6840 11th Ave N.		
	Florida street address	s (P.O. Box NOT a	cceptable)
	St. Petersburg, FL 33	710	
	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 1 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)

Page 1 of 2

FILED ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: AM 9: 10 Title:
"AMBR" = Authorized Member Name and Address: SEUNLIARY OF STATE TALLAHASSEE, FLORIDA "MGR" = Manager Denise Nelms 6840 11th Ave N. St. Petersburg, FL 33710 (Use attachment if necessary) **ARTICLE V:** Effective date, if other than the date of filing: <u>January 1, 2017</u> _. (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.

REOURED 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.

Denise Nelms

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)