

L17 000000307

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

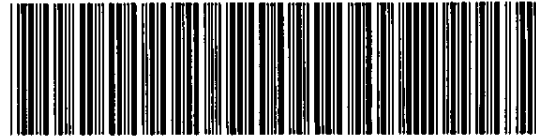
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900293762429

FILED

2017 JAN -3 PM 2:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01/03/17--01008--013 **155.00

RECEIVED

17 JAN -3 AM 11:58

SUPPLEMENTAL FILING

C. GOLDEN

JAN -3 2017

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

NATIVE SON SERVICES LLC

Signature _____

Requested by: BA

1/3/17

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

_____ Art of Inc. File _____
_____ LTD Partnership File _____
_____ Foreign Corp. File _____
✓ _____ L.C. File _____
_____ Fictitious Name File _____
_____ Trade/Service Mark _____
_____ Merger File _____
_____ Art. of Amend. File _____
_____ RA Resignation _____
_____ Dissolution / Withdrawal _____
_____ Annual Report / Reinstatement _____
✓ _____ Cert. Copy _____
_____ Photo Copy _____
_____ Certificate of Good Standing _____
_____ Certificate of Status _____
_____ Certificate of Fictitious Name _____
_____ Corp Record Search _____
_____ Officer Search _____
_____ Fictitious Search _____
_____ Fictitious Owner Search _____
_____ Vehicle Search _____
_____ Driving Record _____
_____ UCC 1 or 3 File _____
_____ UCC 11 Search _____
_____ UCC 11 Retrieval _____
_____ Courier _____

RECEIVED
TALLAHASSEE, FL
JAN 3 2017

2017 JAN -3 PM 2:39

FILED

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: NATIVE SON 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:

BRANDON C. KELLY

Name of Person

NATIVE SON SERVICES

Firm/Company

685 NW BISCAYNE DRIVE

Address

PORT SAINT LUCIE, FLORIDA 34983

City/State and Zip Code

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

For further information concerning this matter, please call:

BRANDON C. KELLY at (**772**) **353-6885**
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

2017 JAN -3 PM 2:39
FILED
SECRETARY OF STATE
TALLAHASSEE, FL 32301

EFFECTIVE DATE 01/01/17

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

NATIVE SON SERVICES LLC

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

2017 JAN -3 PM 2:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II - Address:

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

Principal Office Address:

685 NW BISCAYNE DRIVE
PORT SAINT LUCIE, FL 34983

Mailing Address:

685 NW BISCAYNE DRIVE
PORT SAINT LUCIE, FL 34983

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:

BRANDON C. KELLY

Name

685 NW BISCAYNE DRIVE

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

PORT SAINT LUCIE FLORIDA 34983

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..

Brandon Kelly

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

AMBR

Name and Address:

BRANDON C. KELLY

685 NW BISCAYNE DRIVE

PORT SAINT LUCIE, FL 34983

AMBR

PATRICK KELLY

685 NW BISCAYNE DRIVE

PORT SAINT LUCIE, FL 34983

(Use attachment if necessary)

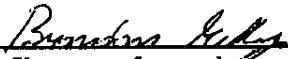
ARTICLE V: Effective date, if other than the date of filing: 01/01/2017. (OPTIONAL)

(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.

BRANDON C. KELLY

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)

FILED
2017 JAN -3 PM 2:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA