## L17000066107

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## **COVER LETTER**

	ration Section n of Corporations	
SUBJECT:	Nelloy 418 Desi	Ility Company
The enclosed Art	ticles of Organization and fee(s) are submitte	ed for filing.
Please return all	correspondence concerning this matter to the	following:
	Shelby G. (	MVev+
	Shelly Elise D	ESIGNS LLC
	13330 3vd St. E0	US+ #2 dress
	MULLIVA BLA  City/State a  SECUL O 1 @ 9  E-mail address: (to be used for future	mail - Lom e annual report notification)
For further inform	nation concerning this matter, please call:	
<u>(n</u>	Name of Person Area Code	Daytime Telephone Number
Enclosed is a che	eck for the following amount:	
\$125.00 Filing F	Certificate of Status Certi	.00 Filing Fee & \$\) fied Copy anal copy is enclosed)  \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address	Street Address
	New Filing Section Division of Corporations	New Filing Section Division of Corporations
	P.O. Box 6327	Clifton Building
	Tallahassee, FL 32314	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:

(Must end with the words "Limited Liability	Signs LLC
(Musi cha with the words Elimited Elability	Company, E.E.C., of EEC.
ARTICLE II - Address: The mailing address and street address of the principal office of the	e Limited Liability Company is:
Principal Office Address:	Mailing Address:
13330 3vd St. E #2 Muderra Blam, FL 33708	13330 3vd St. E. #2 maderya Beach.FL 33708
ARTICLE III - Registered Agent, Registered Office, & Registe (The Limited Liability Company cannot serve as its own Registere another business entity with an active Florida registration.)	
The name and the Florida street address of the registered agent are	:
Shelby E.	<u>lalvert</u>
Name	
13330 3rd (t	· E #2
Florida street address (P.O. Bo	ox NOT acceptable)

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.

Madeira Beach City

(CONTINUED)

Page 1 of 2

Registered Agent's Signature (REQUIRED)

Zip

7 MAR 23 PM 2:31 ECHLIARI DE SIAIE

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
AMBO	Dawn Calvert
	13330 3vd St. E #7
	madera Beach, FL 33708
<del></del>	
	· · · · · · · · · · · · · · · · · · ·
(Use attachment if necessary)	
LE V: Effective date, if other than the date ffective date is listed, the date must be sp	e of filing: (OPTIONAL) secific and cannot be more than five business days prior to or 90 days a
CLE V: Effective date, if other than the date ffective date is listed, the date must be spe of filing.)  If the date inserted in this block does not a cument's effective date on the Department CLE VI: Other provisions, if any.	pecific and cannot be more than five business days prior to or 90 days a meet the applicable statutory filing requirements, this date will not be list
CLE V: Effective date, if other than the date effective date is listed, the date must be speed filling.)	pecific and cannot be more than five business days prior to or 90 days a meet the applicable statutory filing requirements, this date will not be list
CLE V: Effective date, if other than the date ffective date is listed, the date must be spe of filing.)  If the date inserted in this block does not reument's effective date on the Department CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:	meet the applicable statutory filing requirements, this date will not be list of State's records.
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CLE V: Effective date, if other than the date ffective date is listed, the date must be spe of filing.)  If the date inserted in this block does not rement's effective date on the Department CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a match that the date must be specified in the	meet the applicable statutory filing requirements, this date will not be list of State's records.   Q Q Q Compared to a member or an authorized representative of a member.  Integrated in accordance with section 605.0203 (1) (b), Florida Statutes.
CLE V: Effective date, if other than the date ffective date is listed, the date must be spe of filing.)  If the date inserted in this block does not reument's effective date on the Department CLE VI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature of a me This document is execular may avare that any false.	meet the applicable statutory filing requirements, this date will not be list of State's records.  Description:  Compared to a member.  The description of the descri
CLE V: Effective date, if other than the date ffective date is listed, the date must be spe of filing.)  If the date inserted in this block does not not be cument's effective date on the Department CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a me This document is execular am aware that any false constitutes a third degre	meet the applicable statutory filing requirements, this date will not be list of State's records.  Description:  General Action 1. State and authorized representative of a member. The state accordance with section 605.0203 (1) (b), Florida Statutes, information submitted in a document to the Department of State in formation as provided for in s.817.155, F.S.
CLE V: Effective date, if other than the date ffective date is listed, the date must be spe of filing.)  If the date inserted in this block does not not be comment's effective date on the Department of the CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a mean This document is executed a mean aware that any false constitutes a third degree.	meet the applicable statutory filing requirements, this date will not be list of State's records.  Description:  Compared to a member.  The description of the descri

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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