

L17000129554

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

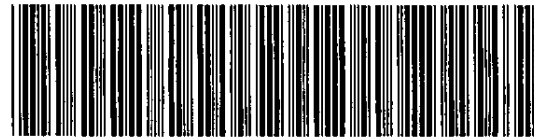
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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06/14/17--01006--005 \*\*160.00

**FILED**  
17 JUN 14 AM 9:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

6/2/2017

To whom this concerns in the Florida Department of State, Division of Corporations,

We would like to make application for a Limited Liability Company. In the following three pages we have set forth the name, mailing address, signatures and information required to the best of our knowledge and ability. If there is any further information needed, request is being made to contact Nathan Michael Peterman by phone (904.525.7202) or by mail: 761 W. Kings College Dr., Jacksonville, Fl. 32259.

Thank you very much for your kind attention to this matter.

Best regards,

A handwritten signature in cursive script that reads "Chuck Peterman". The signature is written in black ink and is positioned above the typed name.

Chuck Peterman, Registering Agent

**COVER LETTER**

**TO: New Filing Section  
Division of Corporations**

**SUBJECT:** NPETERMAN2 L.L.C.  
\_\_\_\_\_  
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:

Nathan Michael Peterman  
\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

761 W. Kings College Drive  
\_\_\_\_\_  
Address

Jacksonville, Florida 32259  
\_\_\_\_\_  
City/State and Zip Code

natepeterman15@gmail.com  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nathan Peterman                      904                      525-7202  
\_\_\_\_\_  
Name of Person                      at (                      )                      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:

NPETERMAN2 L.L.C.

(Must contain 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:**

761 W. Kings College Drive  
Jacksonville, Florida 32259

**Mailing Address:**

761 W. Kings College Drive  
Jacksonville, Florida 32259

**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:

Chuck Peterman

Name

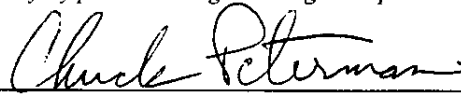
761 W. Kings College Drive

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

Jacksonville                      Florida                      32259

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)

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**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:**

Nathan Michael Peterman

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

(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.

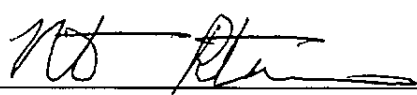
**ARTICLE VI:** Other provisions, if any.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**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.

*Nate Peterman (Nathan Michael Peterman)*

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)

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