

L18500154407

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

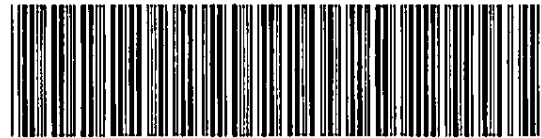
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only

M. MOON

JUN 25 2018



000311570270

04/10/18--01018--026 \*\*185.00

FILED  
18 APR 10 PM 6:13  
SECRET  
CALIFORNIA

185  
-160  
25 Refund.

June 18, 2018

Neale Boyea  
10389 Triple Crown Ave  
Jacksonville, FL 32257  
904-206-3942

Re: NB Electric Corporation (forgo – Corp to LLC)

Document number: **P17000035620**

To Whom It May Concern:

I Neale Boyea owner of NB Electric Corporation will like to forgo my existing business listed as NB Electric Corp. I have no intention of reversing my decision, I would like to release the name of NB Electric Corp, so it can used as an LLC. Thus, the new business name should be listed as NB Electric (Limited Liability Company) LLC. Lastly, I would like to receive my refund of \$25.00.

Thank you,

*Neale Boyea*

Neale L. Boyea  
Owner of NB Electric Inc.

FILED  
18 APR 10 PM 6:15  
CLERK

**COVER LETTER**

**RECEIVED**

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

**2018 MAY 10 AM 9:43**

**SUBJECT:** NB Electric LLC.  
(Name of Resulting Florida Limited Company)

FLORIDA CORPORATIONS  
BUREAU OF COMMERCIAL  
REGISTRATION SERVICES

The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S.

Please return all correspondence concerning this matter to:

Neale L. Boyea  
(Contact Person)  
NB Electric INC.  
(Firm/Company)  
10389 Triple Crown Ave  
(Address)  
Jacksonville FL, 32257  
(City, State and Zip Code)  
nbelectric03@gmail.com  
E-mail Address: (to be used for future annual report notifications)

18 APR 10 PM 6:13

For further information concerning this matter, please call:

Neale L. Boyea at (904) 2063942  
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount: (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States)

<input type="checkbox"/> \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	<input type="checkbox"/> \$155.00 Filing Fees and Certificate of Status	<input type="checkbox"/> \$180.00 Filing Fees and Certified Copy	<input checked="" type="checkbox"/> \$185.00 Filing Fees, Certified Copy, and Certificate of Status
---	---	---	---

**STREET ADDRESS:**  
New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**  
New Filing Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

NB Electric LLC.

(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:

10389 Triple Crown Ave  
Jacksonville FL, 32257

#### Mailing Address:

10389 Triple Crown Ave  
Jacksonville FL, 32257

### 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:

Neale L. Boyea

Name

10389 Triple Crown Ave

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

Jacksonville

City

FL 32257

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..*

Neale L. Boyea

Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED  
18 APR 10 PM 6:15  
CLERK OF COURT  
JACKSONVILLE, FL

**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

AMBR

**Name and Address:**

Neale L. Boyea

10389 Triple Crown Ave

Jacksonville FL, 32257

Della Boyea

10389 Triple Crown Ave

Jacksonville FL, 32257

(Use attachment if necessary)

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

**REQUIRED SIGNATURE:**

*Neale L. Boyea*

**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.

Neale L. Boyea

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)**

18 APR 10 PM 6:13  
5-11-10