

L19000191096

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)



PICK-UP



WAIT



MAIL

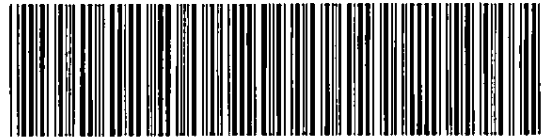
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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**COVER LETTER**

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

**SUBJECT:** NPR Executive Suites, 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:

Andy Gaunce  
Name of Person  
Gaunce Law, PLLC  
Firm/Company  
2525 1st Ave S.  
Address  
St. Petersburg, FL 33712  
City/State and Zip Code  
beth@floridafamilylaw.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Andy Gaunce      727      614-0550  
at (      )  
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

**Street Address**

New Filing Section  
Division of Corporations  
Clifton Building

**Articles of Organization for  
NPR Executive Suites, LLC**

**ARTICLE I. Name**

The name of the Limited Liability Company is NPR Executive Suites, LLC.

**ARTICLE II. Address**

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

Principal Office Address:

2674 West Lake Road  
Palm Harbor, Florida 34684

Mailing Address:

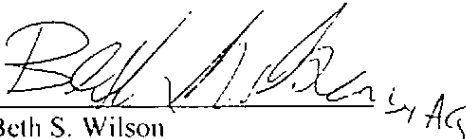
2674 West Lake Road  
Palm Harbor, Florida 34684

**ARTICLE III. Registered Agent, Office and Signature**

The name and the Florida street address of the registered agent are:

Beth S. Wilson  
2674 West Lake Road  
Palm Harbor, FL 34684

*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..*

  
Beth S. Wilson

**ARTICLE IV. Authorized Members**

The name and address of the members authorized to manage and control the Limited Liability Company is:

Title:

AMBR

Name and Address:

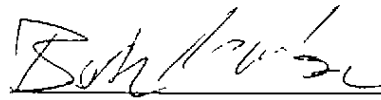
Beth S. Wilson  
2674 West Lake Road  
Palm Harbor, FL 34684

FILED  
19 AUG -5 AM 11:  
CLERK OF DISTRICT COURT  
IN AND FOR THE DISTRICT OF FLORIDA

AMBR

Rodney Boblitt  
8520 Government Drive, Suite 4  
New Port Richey, FL 34654

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..

  
Beth S. Wilson *LA*

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CLERK OF THE  
COURT  
TALLAHASSEE, FLORIDA