

3/27/2020

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Division of Corporations
 Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

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To:

Division of Corporations
 Fax Number : (850) 617-6381

From:

Account Name : PERMITTING SPECIALIST OF FOOD & BEVERAGE INC
 Account Number : 120190000062
 Phone : (239) 850-9451
 Fax Number : (866) 929-0535

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FILED
 20 MAR 27 AM 11:31
 TALLAHASSEE, FLORIDA

FLORIDA LIMITED LIABILITY CO.
 NSS, LLC

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: NSS, 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:

TODD M BROOKS

Name of Person

NSS, LLC

Firm/Company

2580 14th STREET NORTH

Address

NAPLES, FL 34103

City/State and Zip Code

brooksburgers@gmail.com

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

For further information concerning this matter, please call:

TODD M BROOKS

816

918-4711

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

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

NSS, 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:2590 14TH STREET NORTH
NAPLES, FL 34103**Mailing Address:**2590 14TH STREET NORTH
NAPLES, FL 34103**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:

TODD M BROOKS

Name

2590 14TH STREET NORTHFlorida street address (P.O. Box ~~NOT~~ acceptable)NAPLES, FL 34102

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..

Todd Brooks

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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