

L21000178971

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

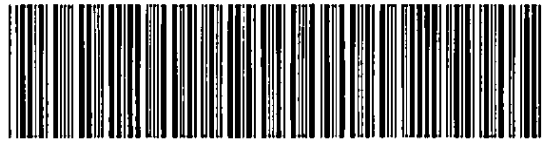
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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03/25/21--01029--005 **130.00

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2021 MAR 25 PM 3:50

LAW OFFICES OF JAMES P. COVEY, P.A.

<u>VERO BEACH OFFICE</u> 1575 Indian River Blvd, Suite C-120 Vero Beach, FL 32960 Telephone: 772.770.6160 Facsimile: 772.770.6074	<u>STUART OFFICE</u> 2207 South Kanner Highway Stuart, FL 34994 Telephone: 772.286.5820 Facsimile: 772.286.1505
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James P. Covey, J.D., M.B.A. Licensed to practice in Florida and Maryland

Robyn Haffield, Florida Registered & Sr. Paralegal/Firm Manager
Melanie B. Kelhoffer, Sr. Paralegal
Nely Castro, Paralegal
Sierra Gullo, Paralegal

Merrily Minardi, Accounting Services
Marilyn Cash, Accounting Assistant
Lorraine Szappan, Client Services
Gerard Scobie, Client Services
Rodney Black, Client Services

March 24, 2021

New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Re: NRL SUPPORT SERVICES, LLC.

Enclosed, please find the following:

1. Cover Letter;
2. Articles of Organization for NRL SUPPORT SERVICES, LLC.;
3. Check No. 009979 which is made payable to the Florida Department of State in the amount of \$130.00 representing the Filing Fee & Certificate of Status for NRL SUPPORT SERVICES, LLC.

Please note that NRL SUPPORT SERVICES, LLC. will be a manager managed not a member managed limited liability company.

If you should have any questions or should need any further information to complete this request, please contact my Vero Beach office at 772.770.6160.

Sincerely,

James P. Covey, Esq.

/mk
enclosures

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2021 MAR 25 PM 3:50

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: NRL SUPPORT SERVICES, LLC.

Name of Limited Liability Company

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The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JAMES P. COVEY

Name of Person

JAMES P. COVEY BOOKKEEPING

Firm/Company

3042 NW RADCLIFFE WAY

Address

PALM CITY, FL 34990

City/State and Zip Code

office@jcovelaw.com

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

For further information concerning this matter, please call:

JAMES P. COVEY

772

770.6160

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
Tallahassee, FL 32314

Street Address

New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

NRL SUPPORT SERVICES, 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:

Mailing Address:

13415 NW WAX MYRTLE TRAIL
PALM CITY, FL 34990

3042 NW RADCLIFFE WAY
PALM CITY, FL 34990

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:

JAMES P. COVEY

Name

3042 NW RADCLIFFE WAY

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

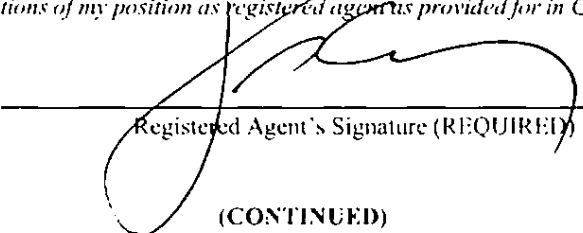
PALM CITY FL 34990

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

Name and Address:

AMBR

PETER MARSHALL
13415 NW WAX MYRTLE TRAIL
PALM CITY, FL 34990

MGR

PETER MARSHALL
13415 NW WAX MYRTLE TRAIL
PALM CITY, FL 34990

MGR

JAMES P. COVEY
3042 NW RADCLIFFE WAY
PALM CITY, FL 34990

(Use attachment if necessary)

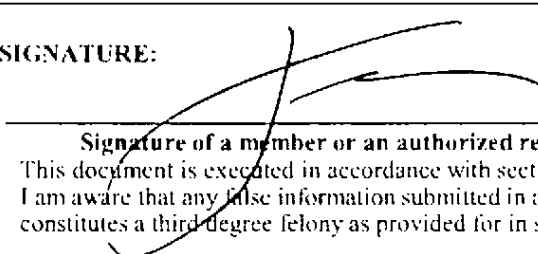
ARTICLE V: Effective date, if other than the date of filing: _____. (OPTIONAL)

(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.

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)