

L22000302357

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

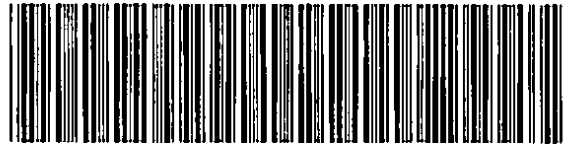
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500388560065

06/07/22--01038--011 **160.00

2022 JUN -7 PM 6:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

file 6/7

THE NU JOHN COMPANY LLC.

Name: Jonathan Krill

Address: 13242 Antonio Way

Dade City FL, 33525

Phone#: 609-661-0379

Name: Michael Gneiting

Address: 5764 N. Orange Blossom Trail

Orlando FL, 32810

Phone# 860-680-6968

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: The NU John Company 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:

Jonathan Krill
Name of Person

The NU John Company LLC
Firm/Company

13242 Antonio Way
Address

Dade City, FL 33525
City/State and Zip Code

JonathanR.Krill@yahoo.com
E-mail address: (to be used for future annual report notification)

2022 JUN - 7 PM 6:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

For further information concerning this matter, please call:

Jonathan Krill at (609) 661-0379
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$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:

The NV John Company 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:

13242 Antonio Way
Dade City FL 33525

13242 Antonio Way
Dade City FL 33525

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:

Jonathan Krill
Name

13242 Antonio Way
Florida street address (P.O. Box **NOT** acceptable)

Dade City FL 33525
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)

2022 JUN - 7 PM 6:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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:

MICHAEL GNEITING
5764 N. ORANGE BLOSSOM TRAIL
ORLANDO, FL 32810

AMBR

Jonathan Krill
13242 Antonio Way
Dade City FL 33525

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 5-31-22 (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.

MICHAEL GNEITING

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)

2022 JUN -7 PM 6:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED