La3000a59789

(Requestor's Name)	
	Address)	
1.		
	Address)	
	a	
(1	City/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(1	Business Entity Name)	
	Document Number)	
-	,	
Certified Copies	Certificates of S	tatus
·		
Special Instructions to F	iling Officer.	
<u> </u>		

Office Use Only



700408626447

S. CHATHAM MAY 3 | 2023



1 6.5 44125.50





May 19, 2023

CORPORATE ACCESS, INC.

SUBJECT: NAP CONSULTING GROUP LLC

Ref. Number: W23000072471

We have received your document for and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document is illegible and not acceptable for imaging.

If you have any further questions concerning your document, please call (850) 245-6000.

Summer Chatham Regulatory Specialist III Director's Office

Letter Number: 223A00011524

Name Release Letter

I Nichole Durant will not reinstate NAP CONSULTING GROUP LLC Please release name to be used

Document Number_ L21000201130

THANKS,
Nichole Durant

COVER LETTER

TO: New Filing Section Division of Corporations			
SUBJECT: NAP CONSULTING GOOD LLC Name of Limited Lighting Company			
The enclosed Articles of Organization and feets) are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
Nichole Durant Name of Person			
NAP Consulting Group LCC			
4604 49th Street N			
St Refersbury of 33709			
AICHOLE AWA TO VALUE COM E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Nichple Digwardat (321) 501-9080 Name of Person Area Code Daytime Telephone Number			
Enclosed is a check for the following amount:			
\$125.00 Filing Fee \$\ \text{Certificate of Status} S155.00 Filing Fee & Certificate of Status &			
Mailing Address Street Address			

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:

ARTICLE II - Address:

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

Erincipal Office Address:	Mailing Address:
4404 V9th Strota)	212-6-61
Sur 18 1374	2/25 band Aue
I HERESBURY 33709	Pinellas Park Granton
III - Registered Appel Parties of	1-11-35 18Z

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:

orida street address P.O. Box NOT acceptable)

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 postport as registered agent as provided for in Chapter 605, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

The name and address of each person authorize	ed to manage and control the Limited Liability Company:
Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
167	HHX and Via Durant
	3125, Good Aree 4-10V
4 ~ 4	P.n. 11an /an 133782
MGR	I've Durant
MBR	3125 GOOD ALL HUN
	Pina Has Park (1 33787
MBR-	NA DIGIT
	SING CONTRACTOR WINGS
	1 no 110 a lange (4 32772)
M61	0 - 102
<u></u>	Nichae Dujant
	3115 Grand the HOW W
	100 HUS PAIR PL 33-182
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the date of filing	
(If an effective date is listed, the date must be specific a	8:(OPTIONAL) nd cannot be more than five business days prior to or 90 days after Co
	
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's records.
ARTICLE VI: Other provisions, if any,	
	
REQUIRED SIGNATURE:	\frown / $$
$\iota_{\mathcal{M}}$	Mast
Signature	J VWW
I his document is executed in ac	an authorized representative of a member, ecordance with section 605,0203 (1) (b), Florida Statutes.
i ani aware that any false inform	ation 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 primed 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)

ARTICLE IV-