13000305889

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
, , , , ,				
PICK-UP WAIT MAIL				
(D.)				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				





700410717327

Alt ?

2023 JUH 26 PM 8: 17

RECEIVED

CT CORP

(850)656-4724 3458 Lakeshore Drive, Tallahassee, FL 32312

D	ate:	06/26/2023	a: DW
		Acc#I20160000072	an: () = V
Name:	NILSON FA	MILY WEALTH MAN	AGEMENT LLC
Document #:			
Order #:	15006810		
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing:			
Certified Copy of			
Apostille/Notarial Certification:		Country of Destination: Number of Certs:	
Filing: 🗸	Certified: Plain: COGS:		Email Address for Annual Report Notifications:
Availability Document Examiner Updater Verifier W.P. Verifier Ref#	Amount:	\$ 125.00	

Thank you!

ARTICLES OF ORGANIZATION

NILSON FAMILY WEALTH MANAGEMENT LLC, a Florida limited liability company

ARTICLE I NAME

The business and affairs of the Limited Liability Company shall be conducted under the name of:

NILSON FAMILY WEALTH MANAGEMENT LLC

ARTICLE II PRINCIPAL OFFICE AND MAILING ADDRESS

The street address and the mailing address of the principal place of business of the Limited Liability Company shall be:

500 Westover Drive, #15995 Sanford, North Carolina 27330

ARTICLE III INITIAL REGISTERED AGENT/OFFICE

The registered office of the Limited Liability Company and its initial registered agent shall be:

Beth C. Ebersole Kerkering, Barberio & Co. 1990 Main Street, Suite 801 Sarasota, Florida 34236

ARTICLE IV MANAGEMENT AND POWERS

The business and affairs of the Limited Liability Company shall be managed by one or more Managers elected as provided in the Operating Agreement of the Limited Liability Company. The initial Manager shall be as follows:

Tim Nilson 500 Westover Drive, #15995 Sanford, North Carolina 27330 These Articles of Organization have been executed as of the 22nd day of June, 2023.

— Docusemed by:

Tim Nilson

"MANAGER"



CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 605.0203 of the Florida Statutes, the undersigned Limited Liability Company submits the following statement to designate a registered office and registered agent in the State of Florida.

1. The name of the Limited Liability Company is:

NILSON FAMILY WEALTH MANAGEMENT LLC

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

Beth C. Ebersole Kerkering, Barberio & Co. 1990 Main Street, Suite 801 Sarasota, Florida 34236

Having been named 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Date: June 22, 2023

Beth C. Ebersole 3134141108706425

Beth C. Ebersole

"REGISTERED AGENT"

