L23000410736

(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





800414190478

2023 SEP -5 PM 12: 40

RECEIVED

ald 12 - 1 1 16:25

CT CORP

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

09/05/2023

D	ate:	09/05/2023	- will
		Acc#I20160000072	
Name:	Nuvo Mana	agement Partners, LL0	5
Document #:			
Order #:	15107539		
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: Certified Copy of			
Apostille/Notarial Certification:		Country of Destination:	
Filing:	Certified Plain: COGS:		Email Address for Annual Report Notifications.
Availability Document Examiner Updater Verifier W.P. Verifier Ref#	Amount:	\$ 155.00	

Thank you!

COVER LETTER

	ew Filing Sec ivision of Cor			•	
SUBJECT		agement Partners,	LLC		
SUBJECT	•	Nan	ne of Limited Li	ability Company	
The enclos	ed Articles of	Organization and	fee(s) are submi	tted for filing.	
Please retu	rn all correspo	ondence concernin	g this matter to t	he following:	
	_		Name	e of Person	
	Nuvo Capita	al Partners, LLC			
			Firm	/Company	
	515 Stately	Shoals Trail			
			Α	ddress	
	Ponte Vedra	. FL 32081			
	stuart@nuvoo	capitalpartners.com	•	e and Zip Code	
-				re annual report notific	ation)
For further i	nformation co	ncerning this matt	er, please call:		
	Stuart Keller		704	796-9674	
	Nam	ne of Person	at (Area Cod	e Daytime Teleph	one Number
Enclosed is	s a check for t	he following amou	int:		
□\$125.00	Filing Fee	□\$130.00 Filin Certificate of S	tatus Ce	\$155.00 Filing Fee & rtified Copy tional copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	New F Divisi P.O. B	ng Address Tiling Section on of Corporations on 6327 assee, FL 32314	;	Street Address New Filing Section The Centre of Talk 2415 N. Monroe St Tallahassee, FL 32	ihassee reet, Suite 810

ARTICLES OF ORGANIZATION FOR FLORIDAL IMITED LIABILITY COMPANY

	ent Partners, LLC			
(Must	contain the words "Limited	Liability Company. "	L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and str	reet address of the principal c	office of the Limited I	Liability Company is:	
<u>Pri</u>	incipal Office Address:		Mailing Address:	
515 Stately Sho	als Trail	515 S	tately Shoals Trail	
Ponte Vedra, Fl	. 32081	Ponte	Vedra, Fl. 32081	
(The Limited Liability Com another business entity with	d Agent, Registered Office, apany cannot serve as its own han active Florida registration treet address of the registered	Registered Agent. Y	t's Signature: ou must designate an individual o	ŀΓ
(The Limited Liability Com another business entity with	npany cannot serve as its own han active Florida registration treet address of the registered Stuart Keller	Registered Agent. Yon.) I agent are: Name		or
(The Limited Liability Com another business entity with	pany cannot serve as its own han active Florida registration treet address of the registered Stuart Keller 515 Stately Shoals T	Registered Agent. Yon.) I agent are: Name	ou must designate an individual o)r
(The Limited Liability Com another business entity with	pany cannot serve as its own han active Florida registration treet address of the registered Stuart Keller 515 Stately Shoals T Florida street address	Registered Agent. Yon.) I agent are: Name	ou must designate an individual o)r
(The Limited Liability Com another business entity with	pany cannot serve as its own han active Florida registration treet address of the registered Stuart Keller 515 Stately Shoals T	Registered Agent. Yon.) I agent are: Name Trail s (P.O. Box NOT acc	ou must designate an individual o)r

(CONTINUED)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

MGR 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. Dugan Kelley Typed or printed name of signee Filing Fees: S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent S 30.00 Certified Copy (Optional)	MGR Site Address State Shoals Trail Ponte Vedra, F1, 32081 V: Effective date, if other than the date of filing: V: Effective date, if other than the date of filing: (OPTIONAL) (OPTI	<u>Title:</u> "AMBR" = Authorized	Member	Name and Address:	
Use attachment if necessary) V: Effective date, if other than the date of filing	Disc attachment if necessary) V: Effective date, if other than the date of filing: (OPTIONAL) tive date is listed, the date must be specific and cannot be more than five business days prior to or 90 filing. tive date is listed atteen the date of State is records. 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. Dugan Kelley Typed or printed name of signee Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certificate of Status (Optional)		,•10111001		
Use attachment if necessary) V: Effective date, if other than the date of filing: (OPTIONAL) (OPTIONAL) (It is effective date, if other than the date of filing: (It is effective date, if other than the date of filing: (It is effective date, if other than the date of filing: (It is effective date, if other than the date of filing: (It is effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 of the date inserted in this block does not meet the applicable statutory filing requirements, this date will not learn't selfective date on the Department of State's records. VI: Other provisions, if any. REOURED SIGNATURE: Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605,0203 (11) (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. Dugan Kelley Typed or printed name of signee Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certificate of Status (Optional)	Use attachment if necessary) V: Effective date, if other than the date of filing:	_		Ningo Capital Partners 11 C	
Use attachment if necessary) V: Effective date, if other than the date of filing:	Ponte Vedra, F1, 32081 Ponte Vedra, F1, 32081	MOR	-	515 Stately Shoals Trail	
Use attachment if necessary) V: Effective date, if other than the date of filing:	Use attachment if necessary) V: Effective date, if other than the date of filing:				
Use attachment if necessary) V: Effective date, if other than the date of filing:	Use attachment if necessary) V: Effective date, if other than the date of filing:				
Use attachment if necessary) V: Effective date, if other than the date of filing:	Use attachment if necessary) V: Effective date, if other than the date of filing:				
Use attachment if necessary) E.V: Effective date, if other than the date of filing:	Use attachment if necessary) V: Effective date, if other than the date of filing:		_		
Use attachment if necessary) E.V: Effective date, if other than the date of filing:	Use attachment if necessary) V: Effective date, if other than the date of filing:				
Use attachment if necessary) E.V: Effective date, if other than the date of filing:	Use attachment if necessary) V: Effective date, if other than the date of filing:				
Use attachment if necessary) E.V: Effective date, if other than the date of filing:	Use attachment if necessary) V: Effective date, if other than the date of filing:		_		
Use attachment if necessary) E.V: Effective date, if other than the date of filing:	Use attachment if necessary) V: Effective date, if other than the date of filing:				
Use attachment if necessary) E.V: Effective date, if other than the date of filing:	Use attachment if necessary) V: Effective date, if other than the date of filing:				
Use attachment if necessary) E.V: Effective date, if other than the date of filing:	Use attachment if necessary) V: Effective date, if other than the date of filing:				
Use attachment if necessary) E.V: Effective date, if other than the date of filing:	Use attachment if necessary) V: Effective date, if other than the date of filing:				
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 of the Department of State constitutes a third degree felony as provided for in s.817.155. F.S. Dugan Kelley Typed or printed name of signee Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certificate of Status (Optional)	V: Effective date, if other than the date of filing:				
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 of the Department of State constitutes a third degree felony as provided for in s.817.155. F.S. Dugan Kelley Typed or printed name of signee Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certificate of Status (Optional)	V: Effective date, if other than the date of filing:				
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 of the Department of State constitutes a third degree felony as provided for in s.817.155. F.S. Dugan Kelley Typed or printed name of signee Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certificate of Status (Optional)	V: Effective date, if other than the date of filing:				
Signature of a member or an authorized representative of a member. This document is executed in a document of State is executed in a document of the Department of State in a maware that any false information submitted in a document to the Department of State is not in a submitted in a document to the Department of State in St	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. Dugan Kelley Typed or printed name of signee Filing Fees: \$1.00 Certificate of Status (Optional)	(Use attachment if neces	ssary)		
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. Dugan Kelley 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) \$55.00 Certificate of Status (Optional)	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. Dugan Kelley Typed or printed name of signee Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certificate of Status (Optional)	etive date is listed, the filing.) the date inserted in this	date must be speci block does not me	ific and cannot be more than five business days preet the applicable statutory filing requirements, this	rior to or 90 d
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. Dugan Kelley 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) \$55.00 Certificate of Status (Optional)	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. Dugan Kelley	etive date is listed, the f filing.) the date inserted in this nent's effective date on EVI: Other provisions, i	date must be speci block does not mee the Department of f any.	ific and cannot be more than five business days preet the applicable statutory filing requirements, this f State's records.	rior to or 90 d
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. Dugan Kelley 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) \$55.00 Certificate of Status (Optional)	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. Dugan Kelley	ective date is listed, the of filing.) the date inserted in this ment's effective date on E V1: Other provisions, i	date must be speci block does not med the Department of f any.	ific and cannot be more than five business days preet the applicable statutory filing requirements, this f State's records.	rior to or 90 d
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)	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)	ective date is listed, the f filing.) the date inserted in this nent's effective date on E VI: Other provisions, i	date must be speci block does not med the Department of f any.	ific and cannot be more than five business days preet the applicable statutory filing requirements, this f State's records.	rior to or 90 d
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)	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)	ctive date is listed, the f filing.) the date inserted in this nent's effective date on E V1: Other provisions, i	block does not ment the Department of fany. URE: Ignature of a ment cument is executed are that any false in	ific and cannot be more than five business days pret the applicable statutory filing requirements, this state's records. There or an authorized representative of a member of a member of accordance with section 605.0203 (1) (b), Florinformation submitted in a document to the Departm	rior to or 90 d
\$ 30.00 Certificate of Status (Optional) \$ 5.00 Certificate of Status (Optional)	\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certified Copy (Optional) \$5.00 Certificate of Status (Optional) \$6.00 Certificate of Status (Optional)	retive date is listed, the of filing.) the date inserted in this ment's effective date on E VI: Other provisions, i	block does not ment the Department of fany. URE: Ignature of a ment cument is executed are that any false intes a third degree for the specific content is executed are that any false intes a third degree for the specific content is executed are that any false interes a third degree for the specific content is executed are that any false interes a third degree for the specific content is executed are that any false in the specific content is executed are that any false in the specific content is executed as the specific content	ific and cannot be more than five business days pret the applicable statutory filing requirements, this state's records. There or an authorized representative of a member of a member of accordance with section 605.0203 (1) (b), Florinformation submitted in a document to the Departm	rior to or 90 d
\$ 30.00 Certificate of Status (Optional) \$ 5.00 Certificate of Status (Optional)	\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certified Copy (Optional) \$5.00 Certificate of Status (Optional) \$6.00 Certificate of Status (Optional)	ctive date is listed, the f filing.) the date inserted in this nent's effective date on E V1: Other provisions, i	block does not med the Department of fany. URE: ignature of a men cument is executed are that any false intes a third degree for the degree	ific and cannot be more than five business days pretent the applicable statutory filing requirements, this f State's records. There or an authorized representative of a member of an accordance with section 605.0203 (1) (b), Florinformation submitted in a document to the Departmetelony as provided for in s.817.155, F.S.	rior to or 90 d
S 30.00 Certified Copy (Optional) S 5.00 Certificate of Status (Optional)	S 30.00 Certified Copy (Optional) S 5.00 Certificate of Status (Optional)	ctive date is listed, the f filing.) the date inserted in this nent's effective date on E V1: Other provisions, i	block does not med the Department of fany. URE: ignature of a men cument is executed are that any false intes a third degree for the degree	ific and cannot be more than five business days pretent the applicable statutory filing requirements, this is State's records. Typed or printed name of signee	rior to or 90 d
\$ 5.00 Certificate of Status (Optional)	\$ 5.00 Certificate of Status (Optional)	retive date is listed, the f filing.) the date inserted in this ment's effective date on E V1: Other provisions, i	block does not ment the Department of fany. URE: Ignature of a memorument is executed are that any false intes a third degree for Dugan Kelley	ific and cannot be more than five business days pretent the applicable statutory filing requirements, this is State's records. Typed or printed name of signee Filing Fees:	rior to or 90 d
1		ctive date is listed, the f filing.) the date inserted in this nent's effective date on E VI: Other provisions, in the date on E VI: Other provisions, in the date on the vision of the	date must be speciblock does not ment the Department of fany. URE: Ignature of a memory current is executed are that any false intes a third degree for Dugan Kelley The Articles of Organical Section 1988.	ific and cannot be more than five business days pretent the applicable statutory filing requirements, this is State's records. Typed or printed name of signee Filing Fees:	rior to or 90 d
.1	•	setive date is listed, the f filing.) the date inserted in this nent's effective date on E V1: Other provisions, is REOUIRED SIGNAT Signal This do a lam away constitute the series of	block does not med the Department of fany. URE: Ignature of a mem cument is executed are that any false intes a third degree for Dugan Kelley r Articles of Orga py (Optional)	ific and cannot be more than five business days pretent the applicable statutory filing requirements, this f State's records. There or an authorized representative of a member of an accordance with section 605.0203 (1) (b), Florinformation submitted in a document to the Departm felony as provided for in s.817.155, F.S. Typed or printed name of signee Filing Fees: Anization and Designation of Registered Agent	rior to or 90 d date will not b
s de la companya de	•	setive date is listed, the of filing.) the date inserted in this ment's effective date on E V1: Other provisions, is REOUIRED SIGNAT Signal This do a lam away constitute the series of the series o	block does not med the Department of fany. URE: Ignature of a mem cument is executed are that any false intes a third degree for Dugan Kelley r Articles of Orga py (Optional)	ific and cannot be more than five business days pretent the applicable statutory filing requirements, this f State's records. There or an authorized representative of a member of an accordance with section 605.0203 (1) (b), Florinformation submitted in a document to the Departm felony as provided for in s.817.155, F.S. Typed or printed name of signee Filing Fees: Anization and Designation of Registered Agent	rior to or 90 d
	. 1	setive date is listed, the f filing.) the date inserted in this nent's effective date on E V1: Other provisions, is REOUIRED SIGNAT Signal This do a lam away constitute the series of	block does not med the Department of fany. URE: Ignature of a mem cument is executed are that any false intes a third degree for Dugan Kelley r Articles of Orga py (Optional)	ific and cannot be more than five business days pretent the applicable statutory filing requirements, this f State's records. There or an authorized representative of a member of an accordance with section 605.0203 (1) (b), Florinformation submitted in a document to the Departm felony as provided for in s.817.155, F.S. Typed or printed name of signee Filing Fees: Anization and Designation of Registered Agent	r. da Statutes. eent of State