

L24000238444

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

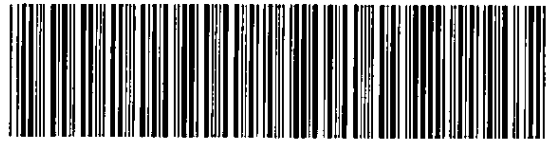
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SECRETARY OF STATE
TALLAHASSEE, FL

2024 APR 24 PM 9:07

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 9, 2024

JACK B. CRETORS
3269 S ARUNDEL TER
HOMOSASSA, FL 34448 US

SUBJECT: NATURE COAST CLEAR OUT LLC
Ref. Number: W24000056601

We have received your document for NATURE COAST CLEAR OUT LLC and check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document is illegible and not acceptable for imaging.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tabitha J Howell
Regulatory Specialist II

Letter Number: 024A00007642

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: NATURE COAST CLEANOUT L.L.C.
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:

JACK B. CRETORS

Name of Person

NATURE COAST CLEANOUT LLC

Firm/Company

3269 S Arundel Terr

Address

Homosassa, FL. 34448

City/State and Zip Code

JBmissing3@gmail.com

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

For further information concerning this matter, please call:

Jack Cretors at (813) 212-9789

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:

NATURE COAST CLEANOUT 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:

3269 S Arundel Terr
HOMOSASSA, FL 34448

Mailing Address:

3269 S Arundel Terr
HOMOSASSA, FL 34448

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, another business entity with an active Florida registration.)

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

Stephanie Cretors
Name
3269 S Arundel Terr
Florida street address (P.O. Box **NOT** acceptable)
HOMOSASSA, FL 34448
City State Zip

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TALLAHASSEE, FL

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)

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

JACK CRETORS
3260 S. PRINCE LANE
HOMOSASSA, FL 34448

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TALLAHASSEE, FL

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(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.

JACK CRETORS
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)