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| Special Instructions to F | iling Officer: | |
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Office Use Only



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SECULIANASSEE, FL

TIMED



CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

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| Nick's Construction | n Pros LLC | | |
| Please Debit FCA00 | 00000003 For: 125 | | |
| Thank you Seth Nee | eley | 20 | |
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| | | | Real Parts |
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| | | Foreign Corp. File | |
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| | | Trade/Service Mark | |
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| | | Dissolution / Withdrawal | |
| | | Annual Report / Reinstatement | |
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| | | Certificate of Good Standing | |
| | | Certificate of Status | |
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| Signature | <u> </u> | Fictitious Owner Search | |
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COVER LETTER

| | Filing Section on of Corporations | | |
|-------------------|--|--|---|
| SUBJECT: | Nick's (| Construction Pros LLC | |
| | Name of I | imited Liability Company | |
| The enclosed A | rticles of Organization and fee(s) | are submitted for filing. | |
| Please return al | I correspondence concerning this | matter to the following: | |
| | NICOLAS V. | ASQUEZ HERNANDEZ | 2 |
| | | Name of Person | 2024 AUG 30 |
| | Nick's Consti | ruction Pros LLC | i i i i i i i i i i i i i i i i i i i |
| | | Firm/Company | .AS - O |
| | | 420 N D ST | AM 9: 47 SEE, FL |
| | | Address | |
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| | LAKE WORTE | L, FLORIDA 33460 | |
| | alln4 | City/State and Zip Code rpose@gmail.com | |
| | | ed for future annual report notification) | |
| | | · | |
| or lurther infort | nation concerning this matter, plea | ase call; | |
| Nico | las Vasquez Hernandez_at (| 561) 574-9213 | |
| | Name of Person | Area Code Daytime Telephone Numb | ег |
| | | | |
| Enclosed is a cl | neck for the following amount: | | |
| \$125.00 Filing | Fee \$\int_{\text{S130.00 Filing Fee & Certificate of Status}}\) | Certified Copy (additional copy is enclosed) Cer | 0.00 Filing Fee, tificate of Status & tified Copy ional copy is enclosed |
| | Mailing Address | Street Address | |
| | New Filing Section | New Filing Section | |
| | Division of Corporations P.O. Box 6327 | Division of Corporations Clifton Building | |
| | Tallahassee, FL 32314 | 2661 Executive Center Circle | : |

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| | Nick's Constr | ruction Pros LLC | |
|--|--|---|--|
| (Must con | tain the words "Limited Liab | pility Company, "L. | L.C.," or "LLC.") |
| ARTICLE II - Address: The mailing address and street a | ddress of the principal office | e of the Limited Lia | ability Company is: |
| <u>Princip</u> | oal Office Address: | | Mailing Address: |
| 420 N D ST | | 420 | N D ST |
| | | | 7 1 1 2 2 1 |
| LAKE WORTI ARTICLE III - Registered Ag The Limited Liability Company | cannot serve as its own Reg | LAK Cegistered Agent's | E WORTH , FLORIDA 33460 |
| ARTICLE III - Registered Ag The Limited Liability Company another business entity with an | ent, Registered Office, & Registered Office, & Registered Office, & Registration (Control of the Control of the | LAK Registered Agent's gistered Agent. You | E WORTH , FLORIDA 33460 Signature: |
| LAKE WORTI ARTICLE III - Registered Ag | ent. Registered Office, & Registered Office, & Registered as its own Regactive Florida registration.) address of the registered age | LAK Registered Agent's gistered Agent. You | Signature: must designate an individual or Signature: |
| ARTICLE III - Registered Ag (The Limited Liability Company another business entity with an | ent, Registered Office, & Registered Office, & Registered as its own Registrive Florida registration.) address of the registered ago | LAK Registered Agent's gistered Agent. You ent are: | Signature: must designate an individual or Signature: |
| ARTICLE III - Registered Ag (The Limited Liability Company another business entity with an | ent, Registered Office, & Registered Office, & Registered as its own Registrive Florida registration.) address of the registered ago | LAK Registered Agent's gistered Agent. You ent are: SQUEZ HERNA | Signature: must designate an individual or Signature: |
| ARTICLE III - Registered Ag (The Limited Liability Company another business entity with an | ent, Registered Office, & Ry cannot serve as its own Registeried Plorida registration.) address of the registered age NICOLAS VAS | LAK Registered Agent's gistered Agent. You ent are: SQUEZ HERNA | Signature: I must designate an individual or SEATE STATE |
| ARTICLE III - Registered Ag (The Limited Liability Company another business entity with an | ent, Registered Office, & Registered Office, & Registered Office, & Registered as its own Registrive Florida registered ago address of the registered ago NICOLAS VAS | LAK Registered Agent's gistered Agent. You ent are: SQUEZ HERNA | Signature: I must designate an individual or SEATE STATE |

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..

/S/ WACOLAS VASQUE HCRNANDCZ

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: "AMBR" = Authorized Member "MGR" = Manager MGR NICOLAS VASQUEZ HERNANDEZ 420 N D ST LAKE WORTH, FLORIDA 33460 (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 and cannot be more than five business days priorito or 900 ays 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. NICOLAS VASQUEZ HERNANDEZ 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)