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Special Instructions to	Filing Officer	
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Office Use Only



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State of Designation

SECRETICAL STATE

## **COVER LETTER**

Division of Corporations			
Michael Thomas Nieves Words SUBJECT:			
Name of Lir	nited Liability	/ Company	
The enclosed Articles of Organization and fee(s) ar	e submitted fo	or filing.	
Please return all correspondence concerning this ma	atter to the fol	lowing:	
Michael Nieves			
	Name of P	erson	
	Firm/Com	pany	
154 Stoney Crossing			
	Addres	s	
Bluffton, SC 29910			
michaelthomasnieves@gmail.com	City/State and	Zip Code	
E-mail address: (to be used	for future an	nual report notification	1)
For further information concerning this matter, pleas	e call:		
Michael Nieves 71		310-3873	
	rea Code	Daytime Telephone	Number
Enclosed is a check for the following amount:			
□\$125.00 Filing Fee & Certificate of Status	Certified	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	N T	treet Address ew Filing Section Divine Centre of Tallahass 115 N. Monroe Street,	see

Tallahassee, FL 32303

Tallahassee, FL 32314

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

(Must cor		<del></del>	
	tain the words "Limited L	iability Company,	"L.L.C.," or "LLC.")
RTICLE II - Address:			
he mailing address and street	address of the principal of	fice of the Limited	Liability Company is:
Princi	pal Office Address:		Mailing Address:
201 Shannon Lane		201 5	Shannon Lane
L I I	`	Ladv	Lake, FL 32159
The Limited Liability Companiother business entity with an	gent, Registered Office, & y cannot serve as its own I active Florida registration	& Registered Ager Registered Agent. \	
RTICLE III - Registered Aş	gent, Registered Office, & y cannot serve as its own I active Florida registration address of the registered a	& Registered Ager Registered Agent. \	nt's Signature:
RTICLE III - Registered Ag The Limited Liability Compan nother business entity with an	gent, Registered Office, & y cannot serve as its own I active Florida registration	& Registered Ager Registered Agent. \	nt's Signature:
RTICLE III - Registered Ag The Limited Liability Compan nother business entity with an	gent, Registered Office, & y cannot serve as its own I active Florida registration address of the registered a	& Registered Ager Registered Agent. ' 1.) agent are:	nt's Signature:
RTICLE III - Registered Ag The Limited Liability Compan nother business entity with an	gent, Registered Office, & y cannot serve as its own I active Florida registration address of the registered Michael Nieves	& Registered Ager Registered Agent. \ 1.) agent are:	nt's Signature: You must designate an individual
RTICLE III - Registered Ag The Limited Liability Compan nother business entity with an	gent, Registered Office, & y cannot serve as its own I active Florida registration address of the registered :  Michael Nieves  201 Shannon Lane	& Registered Ager Registered Agent. \ 1.) agent are:	nt's Signature: You must designate an individual

H pi fil 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:

<u>Title:</u> "AMBR" = 1	Name and Address:
"MGR" = M	
MGR	Michael Nieves 154 Stoney Crossing Bluffton, SC 29910
<del></del>	
(Use attachm	ent if necessary)
If an effective date is the date of filing.) Note: If the date inse the document's effect ARTICLE VI: Other p	listed, the date must be specific and cannot be more than five business days prior to or 90 days after ted in this block does not meet the applicable statutory filing requirements, this date will not be listed as we date on the Department of State's records.
REQUIRED	SIGNATURE: William
	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.
	Michael T Nieves
	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)

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JAISEUR LAND CONTRACTOR

# **COVER LETTER**

TO:	New Filing Se Division of Co					
SUBJE		homas Nieves Wor	ds			
50.502		Nan	ne of Limited Liab	ility Company	<del></del>	
The end	closed Articles o	f Organization and	fee(s) are submitte	ed for filing.		
Please	return all corresp	ondence concerning	g this matter to the	e following:		
	Michael Nie	eves				
			Name o	of Person		
	<del></del>		Firm/C	ompany		
	154 Stoney (	Crossing				
	<del></del>	<del></del>	Add	Iress		
	Bluffton, SC	29910				
	michaelthoma	snieves@gmail.cor		nd Zip Code		
	-	E-mail address: (to l	be used for future	annual report notificat	ion)	
For furthe	er information co	ncerning this matter	r, please call:			
	Michael Niev	es	716 _at (	310-3873		
	Nam	e of Person	Area Code	Daytime Telephon	e Number	
Enclosed	d is a check for th	ne following amoun	t:			
<b>125:</b>	<del>00 Filing Fee</del>	□\$130.00 Filing Certificate of Sta	tus Certif	55.00 Filing Fee & fied Copy nal copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclos	
		g Address ling Section		Street Address New Filing Section Di	Vision P	Alana Dak Di
	Divisio P.O. Bo	on of Corporations ox 6327 assee, FL 32314		The Centre of Tallaha 2415 N. Monroe Stree Tallahassee, FL 3230	assee et, Suite 810	777 C

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liabil	ity Company is:			
Michael Thomas Nie	eves Words, LLC			
(Must con	tain the words "Limited	d Liability Company	, "L.L.C.," or "LLC.")	<del></del>
ARTICLE II - Address:		- , •	,,	
The mailing address and street a	address of the principal	office of the Limited	d Liability Company is:	
Princip	oal Office Address:		Mailing Address:	
201 Shannon Lane		201	Shannon Lane	
Lady lake, FL 32159			y Lake, FL 32159	·
<del>-</del>				
another business entity with an	active i totida tegistrati	on.)		
The name and the Florida street	-	·		
	address of the registere	d agent are:		
	address of the registere  Michael Nieves	d agent are: Name	cceptable)	
	address of the registere  Michael Nieves  201 Shannon Lane	d agent are: Name		
	address of the registere  Michael Nieves  201 Shannon Lane Florida street addres	d agent are:  Name  ss (P.O. Box <u>NOT</u> a	cceptable)  32159 Zip	

(CONTINUED)

SECRITION OF TALE

### ARTICLE IV-

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

"AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MGR	Michael Nieves
	154 Stoney Crossing Bluffton S.C. 20010
	Bluffton, SC 29910
· · · · · · · · · · · · · · · · · · ·	
(Use attachment if necessary)	
ctive date is listed, the date must be sp f filing.) he date inserted in this block does not n	ecific and cannot be more than five business days prior to or 90 meet the applicable statutory filing requirements, this date will not of State's records.
filing.)  he date is listed, the date must be sport filing.)  he date inserted in this block does not not a light the date inserted in the Department of the	ecific and cannot be more than five business days prior to or 90 meet the applicable statutory filing requirements, this date will not of State's records.
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filing.) the date inserted in this block does not nent's effective date on the Department.  VI: Other provisions, if any.  REQUIRED SIGNATURE:	neet the applicable statutory filing requirements, this date will not of State's records.  The state of the statutory filing requirements and the state will not of State of the state of t
filing.) the date inserted in this block does not nent's effective date on the Department.  EVI: Other provisions, if any.  Signature of a me This document is execut	mber or an authorized representative of a member.
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filing.) the date inserted in this block does not nent's effective date on the Department.  EVI: Other provisions, if any.  Signature of a me. This document is execut I am aware that any false constitutes a third degree.  Michael T Nieves.	meer the applicable statutory filing requirements, this date will not of State's records.  meer the applicable statutory filing requirements, this date will not of State's records.  mber or an authorized representative of a member. ed in accordance with section 605.0203 (1) (b), Florida Statutes. information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.
Signature of a me This document is execut I am aware that any false constitutes a third degree  Michael T Nieves  S125.00 Filing Fee for Articles of Org 30.00 Certified Copy (Optional)	meer the applicable statutory filing requirements, this date will not of State's records.  meer the applicable statutory filing requirements, this date will not of State's records.  mber or an authorized representative of a member. ed in accordance with section 605.0203 (1) (b), Florida Statutes. information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.
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Signature of a me This document is execut I am aware that any false constitutes a third degree  Michael T Nieves  S125.00 Filing Fee for Articles of Org S 30.00 Certified Copy (Optional)	meer the applicable statutory filing requirements, this date will not of State's records.  meer the applicable statutory filing requirements, this date will not of State's records.  mber or an authorized representative of a member. ed in accordance with section 605.0203 (1) (b), Florida Statutes. information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.
Signature of a me This document is execut I am aware that any false constitutes a third degree  Michael T Nieves  S125.00 Filing Fee for Articles of Org 30.00 Certified Copy (Optional)	mber or an authorized representative of a member. ed in accordance with section 605.0203 (1) (b), Florida Statutes. information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.  Typed or printed name of signee  Filing Fees: anization and Designation of Registered Agent