# U2400363454

| (Requ                        | estor's Name)  |           |
|------------------------------|----------------|-----------|
| (Address)                    |                | <u> </u>  |
| (Áddress)                    |                |           |
| (City/S                      | tate/Zip/Phone | · #)      |
| PICK-UP                      | MAIT           | MAIL      |
| (Busin                       | ess Entity Nam | ne)       |
| (Docur                       | nent Number)   |           |
| Certified Copies             | Certificates   | of Status |
| Special Instructions to Fili | ng Officer.    |           |
|                              |                |           |
|                              |                |           |
|                              |                |           |





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08/23/24--01025--026 \*\*125.00

SECRETARY OF STATE

#### **COVER LETTER**

| TO: New Filing Section Division of Corporations   |  |  |
|---|--|--|
| SUBJECT: 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:   |  |  |
| David Layer   |  |  |
| Name of Person  |  |  |
| NAPPENS, LLC  |  |  |
| Firm/Company  |  |  |
| 200 Pensacola Blach Rd F1   |  |  |
| Address   |  |  |
| Gulf Brelze, FL 32561   |  |  |
| dwlauer a gmail. com  |  |  |
| E-mail address: (to be used for future annual report notification)  |  |  |
| For further information concerning this matter, please call:  |  |  |
| Dave Laule at 550 529-8495  Name of Person Area Code Daytime Telephone Number   |  |  |
| Name of reson Area Code Daytime relephone Number  |  |  |
| Enclosed is a check for the following amount:   |  |  |
| \$\frac{125.00 \text{ Filing Fee}}{\text{Certificate of Status}} \begin{array}{c} \Box \text{S125.00 \text{ Filing Fee} & \text{Certified Copy} & \text{Certificate of Status & Certified Copy} & \text{Certified Copy} & \text |  |  |

### 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

## ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Title: Name and Address: "AMBR" = Authorized Member "MGR" = Manager (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: 22 AVGVST 2024. (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.

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)

SECH LARY OF STATE