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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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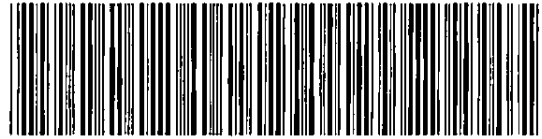
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SEP 17 2024 10:07 AM

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DIVISION OF CORPORATIONS
24 SEP 17 AM 7:43

L 113

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: NSWAG Services, LLC

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:

Nancy S. Wagner

Name of Person

NSWAG Services, LLC

Firm/Company

P.O. Box 114

Address

Largo, FL 33779

City/State and Zip Code

nswag2015@gmail.com

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

For further information concerning this matter, please call:

Nancy S. Wagner

727

358-2191

at (_____) _____

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:

NSWAG Services, 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:

NSWAG Services, LLC

P.O. Box 114

Largo, FL 33779

Mailing Address:

NSWAG Services, LLC

P.O. Box 114

Largo, FL 33779

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 or another business entity with an active Florida registration.)

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

Nancy S. Wagner

Name

2098 Seminole Blvd. Apt. 2202

Florida street address (P.O. Box **NOT** acceptable)

Largo

FL

33778

City

State

Zip

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

Name and Address:

AMBR

Nancy S. Wagner
2098 Seminole Blvd. Apt. 2202
Largo, FL 33778

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: September 16, 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.

The purpose of the company is to provide calling, e-mail and other services to business owners and franchisees.

NSWAG Services may also engage in and provide planning services as defined by the American Planning Association.

All planning services will be conducted by an AICP or other qualified individual as needed for the project or service.

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.

Nancy S. Wagner

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)