## 124000501194

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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FLORIDA DEPARTMENT OF STATE

December 4, 2024

INCORPORATING SERVICES, LTD.

SUBJECT: NR AUTO STORE 105, LLC

Ref. Number: W24000158904

We have received your document for and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

Reject to correct information per conversation.,

If you have any further questions concerning your document, please call (850)

245-6052....

KAIN COSTELLO Regulatory Specialist II

New Eiling Section

Letter Number: 124A00026233

## Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301 850.656.7956

Fax: 850.656.7953

## **ORDER FORM**

TO\_ Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Moreau mmoreau@incserv.com 850.656.7953

\_\_REQUEST\_DATE 12/4/2024

PRIORITY Routine

OUR REF\_#\_(Order\_ID#), Zvjezdana

**ORDER ENTITY** 

Sincerely,

NR Auto Store 105, LLC

PLEASE PERFORM THE FOLLOWING SERVICES:
NR Auto Store 105, LLC
Please file the attached qualification filing.
NOTES:
\$125.00 Authorized
RETURN/FORWARDING INSTRUCTIONS: ACCOUNT NUMBER: I20050000052
Please bill the above referenced account for this order.
If you have any questions please contact me at 656-7956,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

## ARTICLES OF ORGANIZATION FOR FLORIDALIMITED LIABILITY COMPANY

ARTICLE I - Name:			
The name of the Limited Liability	y Company is:		
NR Auto Store 105, I			
(Must contr	ain the words "Limited L	Liability Company.	. "L.L.C.," or "LLC.")
ARTICLE II - Address:			
The mailing address and street ad	idress of the principal of	ffice of the Limited	l Liability Company is:
<u>Principa</u>	al Office Address:		Mailing Address:
191 Peachtree S	treet Unit 2650	39	1 Hampton St.
Ad . C. 20202			cDonough, GA 30253
Atlanta, GA 30303		<del></del>	···-··
	ant Pagistered Office		nt's Signature
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a	cannot serve as its own active Florida registration	& Registered Age Registered Agent. n.)	nt's Signature: You must designate an individual or
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a	cannot serve as its own active Florida registration	& Registered Age Registered Agent. n.)	
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ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a	cannot serve as its own active Florida registration address of the registered	& Registered Age Registered Agent. n.)	
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a	cannot serve as its own active Florida registration address of the registered	& Registered Age Registered Agent, n.) agent are. :s, Ltd.	
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a	cannot serve as its own netive Florida registration address of the registered Incorporating Service	& Registered Agent, n.) agent are, ss, Ltd. Name	You must designate an individual or
ARTICLE III - Registered Age	cannot serve as its own active Florida registration address of the registered Incorporating Service 1540 Glenway Drive	& Registered Agent, n.) agent are, ss, Ltd. Name	You must designate an individual or
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a	cannot serve as its own active Florida registration address of the registered Incorporating Service  1540 Glenway Drive Florida street address	& Registered Agent, n.) agent are, s., Ltd. Name	You must designate an individual or acceptable)

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.

Neliosa A Moseau
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
	NR Automotive Inc. 391 Hampton St., McDonough, GA 30253
<u> MGR</u>	Robert Coolex McDonoush, 6A 30:
MGR	Logar Loslie 302
(Use attachment if necessary)	
CLE V: Effective date, if other than iffective date is listed, the date must of filing.)  If the date inserted in this block document's effective date on the Department.	the date of filing:  (OPTIONAL)  It he specific and cannot be more than five business days prior to or 90 da  es not meet the applicable statutory filing requirements, this date will not be rement of State's records.
CLE V: Effective date, if other than iffective date is listed, the date muse of filing.)  If the date inserted in this block do	at he specific and cannot be more than five business days prior to or 90 days not meet the applicable statutory filing requirements, this days will not be
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ARTICLE IV-

\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

LUBRIARY OF STATE