# M0400000317

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

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February 8, 2006

DEMETRIUS NOLTON 1038-5 DUNN AVENUE JACKSONVILLE, FL 32218

SUBJECT: NOLTON AND NOLTON LIMITED LIABILITY COMPANY

Ref. Number: W06000006185

We have received your document for NOLTON AND NOLTON LIMITED LIABILITY COMPANY and check(s) totaling \$78.75 of which \$78.75 has been designated to file this document. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is an additional amount of \$46.25 due. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

The fees to file a Florida Limited Liability Company or register a Foreign Limited Liability Company are as follows: \$100 filing fee; and \$25 registered agent designation fee. Please include an additional \$30 for each certified copy requested (optional) and \$5.00 for each certificate of status requested (optional).

We are enclosing the proper form(s) with instructions for your convenience.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline Document Specialist

Letter Number: 106A00009333

## **COVER LETTER**

TO: New Filing Section Division of Corporations					
SUBJECT: Nolton and Nolton	Limit	ed Liability Co	mpanv		
		n - must include suffix)			
Dear Sir or Madam:					
The enclosed "Application by Foreign Corpor "Certificate of Existence," and check are subnitransact business in Florida.					
Please return all correspondence concerning the	his matter	to the following:			
Mr. Demetrius Nolton					
	(Name of	Person)			
Nolton and Nolton Limited					
	(Firm/Co	mpany)			
1038-5 Dunn Ave.				····	
Jacksonville, Florida 3221	(Addi	ress)	•		
	<del></del>	and Zip code)	<u>,,                                    </u>	,	
For further information concerning this matter	r, please o	all:		2035 APR 24 SEGRETARI SELLAHASSI	عع
Demetrius Nolton at (	404	, 545-3819		123-00	
(Name of Person)	(Area	Code & Daytime Teleph	one Number)	ELSE SES SES SES SES SES SES SES SES SES	
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		MAILING A New Filing So Division of C P.O. Box 632 Tallahassee, I	ection orporations 7		
Enclosed is a check for the following amount	•				
\$70.00 Filing Fee S78.75 Filing Fee Certificate of St	:& [	]\$78.75 Filing Fee & Certified Copy	Certific	riling Fee, cate of Status ed Copy	&

### **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT:	NOLTON and Nulfon .LC (Name of Limited Liability Company)
	reign Limited Liability Company for Authorization to Transact Business in , and check are submitted to register the above referenced foreign limited ness in Florida
Please return all correspondence	concerning this matter to the following:
	emetrius T. NolTon (Name of Person)
	(Name of Person)
	NOLTON and North LLC PS TO THE (Firm/Company)
	(Firm/Company)
8	455 CONCORD BIVD W TO TO TO TO THE TOTAL TO THE TOTAL TOTAL TO THE TOTAL
	Professional Control of the Control
	KSONVILE, Florida 322/8 (City/State and Zip Code)
For further information concerning	
Denetius T. (Name of F	NotToN at (404) 545-3819
(Name of f	Person) (Area Code & Daytime Telephone Number)
MAILING ADDRESS: Division of Corporations	STREET ADDRESS:
P.O. Box 6327	Division of Corporations Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a check for the follow \$125.00 Filing Fee \$1	ving amount: 30.00 Filing Fee & \$\sum \\$155.00 Filing Fee & \$\sum \\$160.00 Filing Fee, Certificate  Certificate of Status Certified Copy of Status & Certified Copy

## V APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: NOLTON and NOLTON LLC.
(Name of Foreign Limited Liability Company) (FEI number, if applicable) (Jurisdiction under the law of which foreign limited liability company is organized) (Duration: Year limited liability company will cease to exist or "perpetual") (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) (Street Address of Principal Office) 8. If limited liability company is a manager-managed company, check here 9. The name and usual business addresses of the managing members or managers are as follows NOLTON - 8455 CONCORD BLUDW 10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.) 11. Nature of business or purposes to be conducted or promoted in Florida: Keal Estate Kerta L Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), F.S., the execution of this document constitutes

an affirmation under the penalties of perjury that the facts stated herein are true.)

Typed or printed name of signee

Demetrius

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:	
NOLTON and NOLTON LLC	,-'
2. The name and the Florida street address of the registered agent and office are:	
1038-5 D HOLTO Demetrius NolTON (Name)	. 4
Florida Street Address (P.O. Box NOT ACCEPTABLE)	
Jackson ville FL 32218 Find To w	
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 608, Florida Statutes.	d
(Signature)	

Filing Fee for Application

**Certified Copy (optional)** 

Designation of Registered Agent

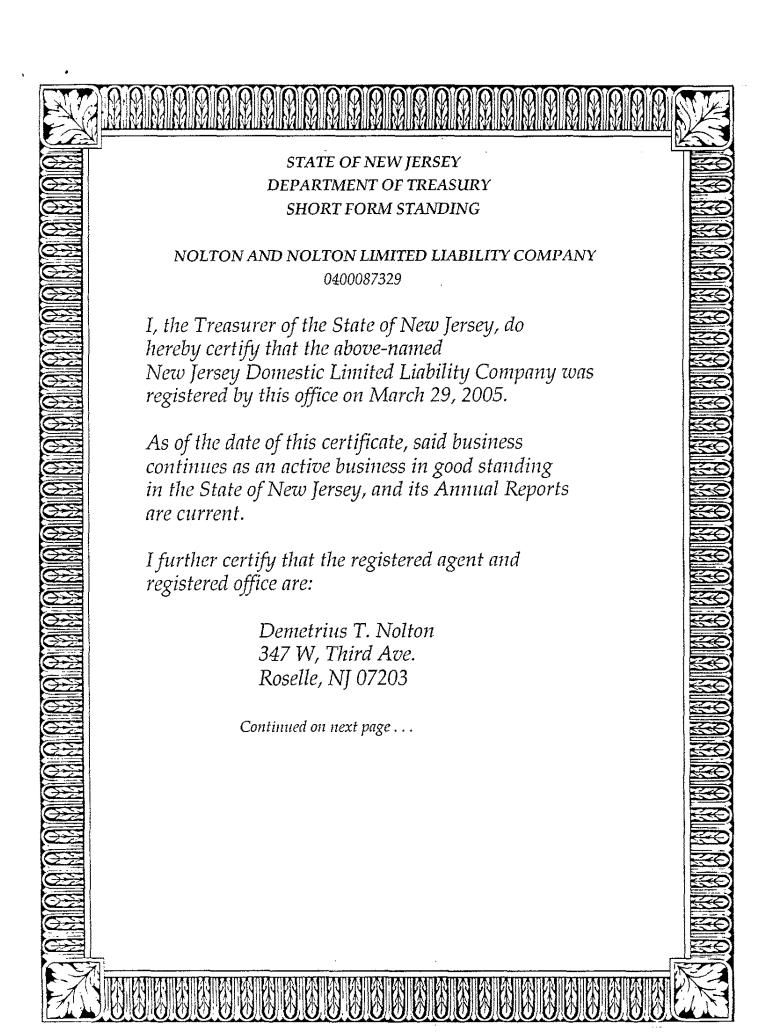
Certificate of Status (optional)

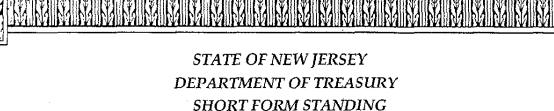
\$ 100.00

\$ 25.00

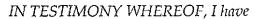
\$ 30.00

\$ 5.00





#### NOLTON AND NOLTON LIMITED LIABILITY COMPANY



hereunto set my hand and affixed my Official Seal at Trenton, this 3rd day of April, 2006

Bradley Abelow

Bradley I. Abelow

Bradley I. Abelow State Treasurer