

L090000079404

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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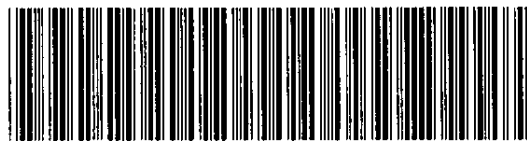
(Business Entity Name)

(Document Number)

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09 AUG 18 AM 10:38
SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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09 AUG 18 PM 1:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. KOHR

AUG 18 2009

EXAMINER

Charter Number Only

8/17/09

MELNICK, LILIENTFELD & ASSO.

Requester's Name

2670 NE 215 STREET

Address

AVENTURA, FL 33180

City

State

ZIP

Phone

(305) 937-1040

CORPORATION(S) NAME

NE SUGERO, LLC

VALIDATION ONLY

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TALLAHASSEE, FLORIDA

- ☐ Profit ☐ NonProfit ☐ Amendment ☐ Merger ☐ Foreign ☐ Dissolution ☐ Mark ☐ Limited Partnership ☐ Annual Report ☒ Other LLC ☐ Reinstatement ☐ Reservation ☐ Change of Registered Agent ☐ Certified Copy ☐ Photo Copies ☐ Certificate Under Seal ☐ Call When Ready ☐ Call If Problem ☒ Walk In ☐ Will Wait ☒ Pick Up ☐ After 4:30 ☐ Mail Out

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W.P. Verifier

CR2E031 (R8-85)

Empire Toll Free: 1-800-432-3028

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

NESUGERO, LLC

(Must end with 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:

2070 NE 215th Street
Aventura, FL 33180.

Mailing Address:

2070 NE 215th Street
Aventura, FL 33180.

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:

Robert J. Lilienfeld, CPA
Name

2070 NE 215th Street
Florida street address (P.O. Box **NOT** acceptable)

Aventura FL 33180.
City, State, and 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 608, F.S..

✓ 
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FLORIDA

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Nelson Roth
2670 NE 215th Street
Aventura, FL 33180.

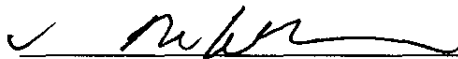
MGRM

Susana Roth
2670 NE 215th Street
Aventura, FL 33180.

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____. (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.)

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

R. ZILLENFELD

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)