

W6000108627

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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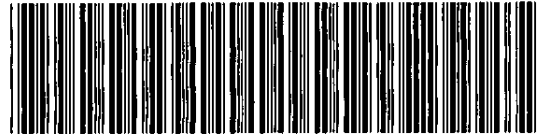
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Date: 6-7-16

ENTITY NAME:

NUSSCO LLC

**\*\*PLEASE FILE THE ATTACHED AND RETURN:\*\***

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**\*\*PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY:\*\***

Document Number: \_\_\_\_\_

Certified Copy of Arts & Amendments

Certificate of Good Standing

**\*\*APOSTILLE'/NOTARIAL CERTIFICATION:\*\***

COUNTRY OF DESTINATION \_\_\_\_\_

NUMBER OF CERTIFICATES REQUESTED \_\_\_\_\_

TOTAL AMOUNT OWED: 12500

CHECK NUMBER: 2561

PLEASE CONTACT TINA AT 850-508-1891 FOR ANY PROBLEMS OR INFORMATION ON THIS MATTER.

Thank you!

Tina Goff, President

**ARTICLES OF ORGANIZATION FOR A  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I      NAME**

The name of the Limited Liability Company is:

NUSCCO LLC

**ARTICLE II      ADDRESS**

The mailing address and street address of the principal office of the Limited Liability Company is:

141 NE 10TH AVENUE #19C  
HALLANDALE BEACH, FLORIDA 33009

**ARTICLE III      REGISTERED AGENT**

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

SUPERBIZ REGISTERED AGENT, INC.  
2761 VISTA PARKWAY, STE E4  
WEST PALM BEACH, FLORIDA 33411

*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.*

X   
\_\_\_\_\_  
TRACY COTTLE Registered Agent's signature

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**ARTICLE IV AUTHORIZED PERSON(S)**

The name and address of each person authorized to manage and control the Limited Liability Company:

MANAGER

JULIA DRAGOMIR

141 NE 10TH AVENUE #19C

HALLANDALE BEACH, FLORIDA 33009

MANAGER

BOGDAN DRAGOMIR

141 NE 10TH AVENUE #19C

HALLANDALE BEACH, FLORIDA 33009

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x 

JULIA DRAGOMIR / Authorized Representative's signature

*(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)*