

SEP/10/2019/TUE 03: PM

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P. 001

Division of Corporations
Florida Department of
Division of Corporations
Electronic Filing Cover Sheet

2nd request.

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Email Address: _____

**FLORIDA LIMITED LIABILITY CO.
NEXUS FUNDING GROUP, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

2019 SEP 10 PM 03:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

19 SEP -9 AM 10:06

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Nexus Funding Group, 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:

<u>Principal Office Address:</u>	<u>Mailing Address:</u>
<u>95 Merrick Way</u>	<u>12904 SW 107th Ct - Miami,</u>
<u>3rd Floor</u>	<u>FL 33176</u>
<u>Coral Gables, FL 33134</u>	

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:

Isidoro Riquelme
Name

12904 SW 107th Ct
Florida street address (P.O. Box **NOT** acceptable)

<u>Miami</u>	<u>FL</u>	<u>33176</u>
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.

Isidoro Riquelme
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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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:

MGR	Isidoro Riquero
	12904 SW 10TH CT
	MIAMI FL 33176

(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.)

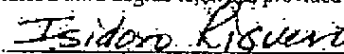
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any:

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.817.135, F.S.



Typed or printed name of signer

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)

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