

L20000143594

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

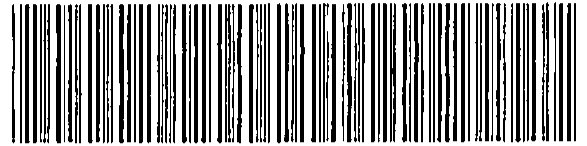
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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06/03/20--01001--001 **125.00

2020 JUN -2 PM 3:25

2020 JUN -2 AM 11:07

FILED

2020 JUN 3

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

(OFFICE USE ONLY)

Corporation Name & Document Number, (if known):

1. NEXO DIRECTO LLC
Corporation Name Document #

☒ Walk in

☐ Pick up time

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certified Copy

☐ Certificate of Good Standing

NEW FILINGS

AMENDMENTS

☐ Profit

☐ Amendment

☐ Not for Profit

☐ Resignation of R.A. Officer/Director

☒ Limited Liability

☐ Change of Registered Agent

☐ Domestication

☐ Dissolution/Withdrawal

☐ Other

☐ Merger

OTHER FILINGS

REGISTRATION/QUALIFICATIONS

☐ Annual Report

☐ Foreign

☐ Fictitious Name

☐ Limited Partnership

☐ APOSTIL

☐ Reinstatement

☐ Trademark

☐ Other

COUNTRY

EXAMINER'S INITIALS:

COVER LETTER

TO: New Filing Section
Division of Corporations

NAME OF DIRECTOR
SUBJECT

Name of corporation to be organized

Enclosed are Articles of Organization for incorporation of

Please return to Mississippi Secretary of State, P.O. Box 1369, Jackson, MS 39202

MARTIN DILLON

Name of Director

MIDILLON@CONSULTING.COM

E-mail Address

77 BRIDGEMAN AVENUE STE 500

Address

MEMPHIS, TN

City, State and Zip Code

MIDILLON@CONSULTING.COM

Telephone Number (for correspondence) Report of Director

For further information, contact the following persons:

MARTIN DILLON

Phone

601-549-XXXX

or

Name of Person

Area Code

Domestic Telephone Number

Enclosed is a check for the filing fee of

\$5.25 (6 Filing Fee)

\$5.00 (Filing Fee &
Certified Copy of Statute)

\$5.50 (Filing Fee &
Certified Copy)

Additional copies enclosed:

\$5.00 (Filing Fee
& Certified Copy of Statute &

Certified Copy
Additional copies enclosed)

Mailing Address

New Filing Section
Division of Corporations
P.O. Box 6327
Jackson, MS 39202

Street Address

New Filing Section, Division
The Centennial Building
215 S. Main Street, Suite 800
Jackson, MS 39203

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

NEVO DIRECT LLC
Must contain the words "Limited Liability Company," "LLC," or "L.L.C."

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

777 BRICKELL AVE
SUITE 500-19
MIAMI, FL 33131

777 BRICKELL AVE
SUITE 500-19
MIAMI, FL 33131

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The Limited Liability Company cannot serve as its own Registered Agent. You must designate a natural person or another natural person with an active Florida registration.

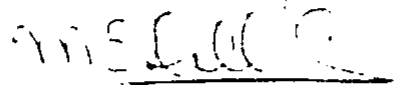
The name and the Florida street address of the registered agent is:

BLUEMAN PARTNERS CORP
Name

777 BRICKELL AVE SUITE 500
Florida street address (P.O. Box NOT acceptable)

MIAMI FL 33131
City State Zip

Having been designated as the registered agent for this company, I agree to be the registered agent for this company and to accept service of process on behalf of this company. I further agree to comply with the provisions of Chapters 610 and 620 of the Florida Statutes, and to provide notice of any change of name or address to the Florida Department of State, and to the company, in writing, within 10 days of the change.



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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2020 JUN -2 AM 11:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV-

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

Title:

Name and Address:

MANAGER - Authorized Member

MANAGER - Member

MANAGER

MARTIN DELLORCA
777 BRICKELL AVE STE 500-10
MIAMI, FL 33131

(Use attachment if necessary)

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

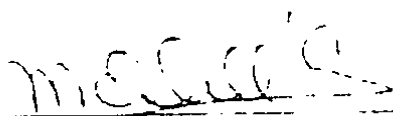
(OPTIONAL)

(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.

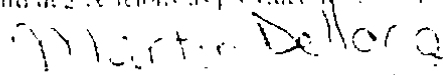
ARTICLE VI: Other provisions (if any)

REQUIRED SIGNATURE



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

This document is executed in accordance with section 605.02(3)(f) of the 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. 17.155, 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)