

**L22000414 728** H22000330261 3

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H22000330261 3))



H220003302613AECT

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations  
Fax Number : (850)617-6381

From: Account Name : EXPERTAX  
Account Number : 220200000010  
Phone : (407)777-7470  
Fax Number : (321)296-9743

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

FLORIDA LIMITED LIABILITY CO.  
NF-INVESTORS LLC

Certificate of Status	1
Certified Copy	<i>[Signature]</i>
Page Count	<i>[Signature]</i>
Estimated Charge	\$130.00

2022 SEP 23 PM 12:26

22 SEP 23 PM 12:35  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Electronic Filing Menu Corporate Filing Menu Help

Certified Copy (Optional)  
Certificate of Status (Optional)

H22000330261 3

H22000330261 3

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: NF INVESTORS LLC  
Name of Limited Liability Company

The enclosed Articles of Organization and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

JOSE MAURICIO NAVA QUINTERO

Name of Person

Firm/Company

1856 ROYAL RIDGE DR

Address

DAVENPORT, FL 33896

City, State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOSE M. NAVA QUINTERO 407 970-1652

Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:  
 \$125.00 Filing Fee  
 \$150.00 Filing Fee & Certificate of Status  
 \$155.00 Filing Fee & Certified Copy  
 \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Lawyer NCE KRS  
Ty or pr

Mailing Address  
New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address  
New Filing Section Division  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

TALLAHASSEE, FL 32303  
22 SEP 23 PM 12:35  
LAWYER NCE KRS

Additional copy (Optional)  
Certificate of Status (Optional)

Additional copy (Optional)  
Certificate of Status (Optional)

H22000330261 3

H22000330261 3

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

NE INVESTORS LLC

(Must contain 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:

Mailing Address:

1856 ROYAL RIDGE DR  
DAVENPORT, FL 33896

1856 ROYAL RIDGE DR  
DAVENPORT, FL 33896

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:

JOSE MAURICIO NAVA QUINERO

Name

1856 ROYAL RIDGE DR

Florida street address (P.O. Box NOT acceptable)

DAVENPORT      FLORIDA      33896  
City                      State                      Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company in 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.

Signature of Registered Agent: [Signature]  
 Name: JOSE MAURICIO NAVA QUINERO  
 Title: Registered Agent  
 Address: 1856 ROYAL RIDGE DR  
DAVENPORT, FL 33896  
 U.S. Address: \_\_\_\_\_  
 State: \_\_\_\_\_  
 Zip: \_\_\_\_\_

22 SEP 23 PM 12:35  
 RECEIVED  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

H22000330261 3

422000330261 3

ARTICLE IV:

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

<u>Title:</u>	<u>Name and Address:</u>
"AMBR" = Authorized Member "MGR" = Manager	
AMBR .....	JOSE MAURICIO NAVA QUINTERO 1856 ROYAL RIDGE DR DAVENPORT, FL 33896
AMBR .....	MARIANELA COROMOTO FINOLA LOZANO 1856 ROYAL RIDGE DR DAVENPORT, FL 33896
.....	.....
.....	.....

(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:

*[Handwritten 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.817.155, F.S.  
 P.S.  
 JOSE M. NAVA QUINTERO  
 Typed or printed name of signee

22 SEP 23 PM 12:35  
 FILED  
 DEPARTMENT OF STATE  
 TALLAHASSEE, FLORIDA

**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)

\$125.00

422000330261 3