

LA300050769A

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.

((H23000385776 3)))



H230003857763ABC8

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 : STOLZENBERG, GELLES & FLYNN, LLP
Account Number : I20100000018
Phone : (305)961-1450
Fax Number : (305)423-3979

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

Email Address: edan.nash4@gmail.com

2023 NOV - 8 PM 3:37
RECEIVED
TALLAHASSEE, FL

FLORIDA LIMITED LIABILITY CO.
N SECURITY LLC

Certificate of Status	1
Certified Copy	1
Page Count	03
Estimated Charge	\$160.00

2023 NOV - 8 PM 4:27
RECEIVED
TALLAHASSEE, FL

T. MATTHEWS

NOV - 9 2023

FILED

H23000385776 3

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

NOV -8 PM 4:27

**ARTICLE I
NAME**

CITY OF STATE
TALLAHASSEE, FL

The name of the Limited Liability Company is:

N SECURITY LLC

**ARTICLE II
ADDRESS**

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

Mailing Address:

212 N. Miami Avenue
Miami, FL 33312

Principal Office Address:

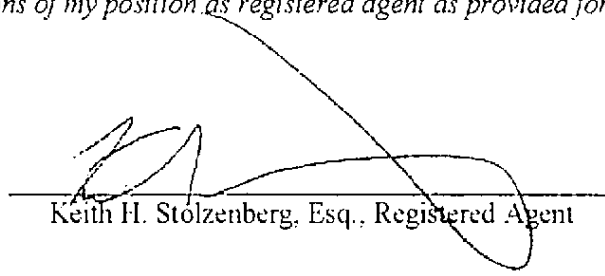
212 N. Miami Avenue
Miami, FL 33312

**ARTICLE III
REGISTERED AGENT AND REGISTERED OFFICE**

The name and street address of the registered agent is:

STOLZENBERG GELLES FLYNN & ARANGO, LLP
1533 Sunset Drive, Suite 150
Coral Gables, Florida 33143

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.



Keith H. Stolzenberg, Esq., Registered Agent

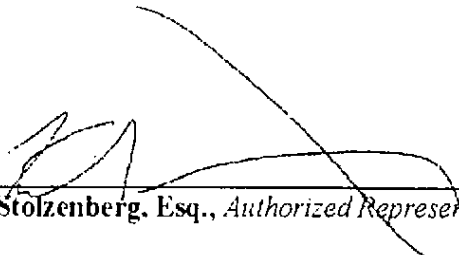
(CONTINUED)

H23000385776 3

**ARTICLE IV
MANAGEMENT**

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

AMBR: **EDAN NASHELSKY**
Authorized Member 212 N. Miami Avenue
Miami, FL 33312



Keith H. Stolzenberg, Esq., *Authorized Representative*

(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.)