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Florida Department of State

Division of Corporations

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To:
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Fax Number : (850)205-0383

From:
Account Name : A. BERNARD BOOKKEEPING & TAX SERVICE, INC.
Account Number : 071162000147
Phone : (305)251-4591
Fax Number : (305)251-1975

LIMITED LIABILITY COMPANY

~~NU-D CORP, LLC.~~
NU DIMENSIONS, LLC

Certificate of Status	0
Certified Copy	1
Page Count	~~02~~ 4
Estimated Charge	$155.00

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FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

September 18, 2001

A. BERNARD BOOKKEEPING & TAX SERVICE, INC.

SUBJECT: NU D CORP, LLC
REF: W01000021631

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Because the term "CORP" refers to a corporation, it cannot be part of the name of your limited liability company.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6958.

Lee Rivers
Document Specialist

FAX Aud. #: H01000100597
Letter Number: 301A00052229

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ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - NAME

The name of the Limited Liability Company is NU DIMENSIONS, LLC.

ARTICLE II - ADDRESS

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

13395 SW 131 STREET
MIAMI, FLORIDA 33186

ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT'S SIGNATURE

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

Name	Anthony Bernard
Address	9032 Sw 152nd Street
City/State/Zip	Miami, Florida 33157

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 appointments as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statues 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 608, F.S.

Anthony Bernard-Registered Agent

ARTICLE IV- MANAGEMENT

☐ The limited liability Company is to be managed by one manager or more managers and is, therefore, a manager-managed company.

X
SIVARASA SIVANATHAN

In accordance with section 608.408(3), Florida Statues, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

SIVARASA SIVANATHAN

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CERTIFICATE OF DESIGNATION
OF
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provision of Section 608.415 or 608.507, Florida Statues, the undersigned Limited Liability Company submits the following statement to designate a registered office and registered agent in the State of Florida.

1. The name of the Limited Liability Company is: NU DIMENSIONS, LLC.

2. The name and the Florida Street address of the registered agent and office are:

Anthony Bernard
9032 Sw 152nd Street
Miami, Florida 33157

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 appointments 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 obligation of my position as registered agent as provided for in Chapter 608, F.S.

Anthony Bernard – Registered Agent

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