

L02000001311

**Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)205-0383

From:
Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305)599-0839
Fax Number : (305)716-0346

**LIMITED LIABILITY COMPANY
NLCS, LLC**

Certificate of Status	0
Certified Copy	1
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APPROVED
AND
FILED
02 MAY 29 PM 4:24
RECEIVED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA 02 MAY 29 PM 4:10
DIVISION OF CORPORATION

ARTICLE OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - NAME:

The name of the Limited Liability Company is:

NLCS, LLC

ARTICLE II - ADDRESS:

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

5851 NW 151 St Suite 104

MIAMI LAKES, FL 33014

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

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

ANIBAL OTERO

Name

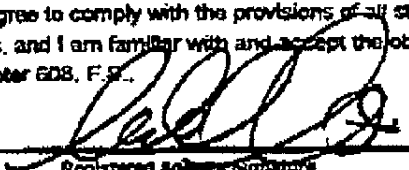
5851 NW 151 ST SUITE 104

Florida Street Address (P.O. Box NOT acceptable)

MIAMI LAKES, FL 33014

City, State, and Zip

Having been named as registered agent and to accept service of process of 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 608, F.S.


 Registered Agent's Signature

Article IV Management (Check box if applicable.)

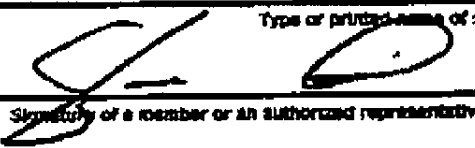
☒ The Limited Liability Company is to be managed by one manager or more managers and is therefore, a manager-managed company.

(An Additional article must be added if an effective date is requested)


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

ANIBAL OTERO

Type or printed name of signer


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

JESUS LORIE

Type or printed name of signer

In accordance with section 608.409(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

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AND
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02 MAY 29 PM 4:26
CLERK OF STATE
TALLAHASSEE, FLORIDA