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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

APPROVED AND FILED
02 MAY 29 PM 4:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
RECEIVED
02 MAY 29 PM 4:10
DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

NLCS, LLC

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	$155.00

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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:

5951 NW 151 St. Suite 104
MIAMI LAKES,FL33014

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
5951 NW 151 ST SUITE 104
Florida Street Address (P.O. Box NOT acceptable)
MIAMI LAKES,FL33014
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 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..

Registered Agent's Signature

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Article IV Management (Check box if applicable.)

[x] 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 signee

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

JESUS LORIE
Type or printed name of signee

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.)

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