

LO3 0000 18640

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

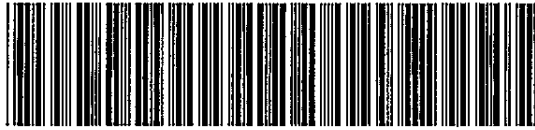
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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05/23/03--01008--011 **125.00

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03 MAY 23 AM 10:08
STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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03 MAY 23 AM 9:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LO3-18640
Q



UCC FILING & SEARCH SERVICES, INC.
526 East Park Avenue
Tallahassee, Florida 32301
(850) 681-6528

HOLD
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May 23, 2003

CORPORATION NAME (S) AND DOCUMENT NUMBER (S):

The Nu Person in Yu, L.L.C.

Filing Evidence

- ☒ Plain/Confirmation Copy
- ☐ Certified Copy

Retrieval Request

- ☐ Photocopy
- ☐ Certified Copy

Type of Document

- ☐ Certificate of Status
- ☐ Certificate of Good Standing
- ☐ Articles Only
- ☐ All Charter Documents to Include
Articles & Amendments
- ☐ Fictitious Name Certificate
- ☐ Other

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	Non Profit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of RA Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Reports
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation
<input type="checkbox"/>	Reinstatement

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

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ARTICLES OF ORGANIZATION OF THE NU PERSON IN YU, L.L.C.

Article I

Name

The name of the Limited Liability Company is: THE NU PERSON IN YU, L.L.C.

Article II

Address

The mailing address and street address of the principal office of the Limited Liability Company is: 2525 Pine Tree Drive, Miami Beach, Florida 33139.

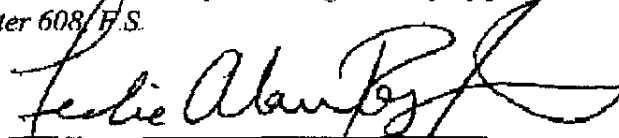
Article III

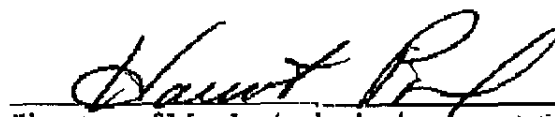
Registered Agent

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

Leslie Alan Rozencwaig, P.A.
One S.E. Third Avenue, Suite 960
Miami, Florida 33131

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 608, F.S.


LESLIE ALAN ROZENCWAIG, ESQ.


Signature of Member/authorized representative of Member
(In accordance with Section 608.408(3), Florida Statutes,
the execution of this affidavit constitutes an affirmation under
the penalties of perjury that the facts stated herein are true)

Harriet Paul

Typed or printed name of Signee

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