n of Corporates 3

Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)205-0383 =

From:

Account Name : NATIONS BUSINESS CENTER, INC.

Account Number: I2000000238

Phone : (305)591-9448

: (954)753-3447 Fax Number

LIMITED LIABILITY COMPANY

NAYADI BUSINESS LLC

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

IVISION OF CORPORATION

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TRANSMITTAL LETTER

IMAGMIT IMAGETER	
TO: Registration Section Division of Corporations	
SUBJECT: NA JAIS BUSINESS LLC (Name of Limited Liability Company)	<u>-</u>
The enclosed Articles of Organization and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following:	
LUISA RUTELISEIZE =	
(Firm/Company)	-
600 NE 36 ET AFT 207 - (Address)	·
MIAM: FL 33137 = (City/State and Zip Code)	<u>-</u> · ·
For further information concerning this matter, please call:	-
(Name of Person) at () (Area Code & Daytime Telephone Num	nber)
STREET ADDRESS: MAILING ADDRESS:	

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

NAYADI BUSINESS - LC.

ARTICLE II - Address:

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

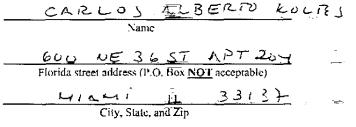
Mailing Address:

600 NE	36	ST APT 204	-	·
HIZUI	FL	33137		

600 NE 36 ST APT ZUY

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

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



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.

Registered Agent's Signature

(CONTINUED)

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ARTICLE IV-Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	=
HGRM	GOU UE 36 ST ADT 204 MILMI FL 33137
HORY	MARIA AUR KALOS ZA BOONE 36 ST APT ZUY MIANT FL 33137
· · ·	
 •	
(Use attachment if necessary)	
NOTE: An additional article must be	added if an effective date is requested.
REQUIRED SIGNATURE:	

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

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

Typed or printed name of signee

Filing Fees:
\$100,00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)