

L05000024678

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

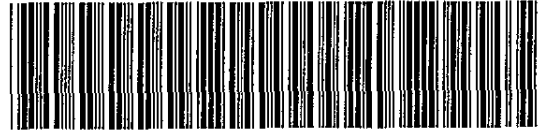
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05 MAR 10 PM 12:07
STATE OF FLORIDA
TALLAHASSEE

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NOSO AMERICA, LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

SHANAN MAZELOW
(Name of Person)

(Firm/Company)

1458 OCEAN SHORE BLVD # 162
(Address)

ORMOND BEACH FL 32176
(City/State and Zip Code)

For further information concerning this matter, please call:

SHANAN MAZELOW at (386) 871-7636
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> \$125.00 Filing Fee | <input checked="" type="checkbox"/> \$130.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee & Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee & Certificate of Status & Certified Copy
(additional copy is enclosed) |
|--|---|--|--|

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

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

FILED
05 MAR 10 PM 12:09
SECRET
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

NOSO AMERICA, LLC

ARTICLE II - Address:

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

Principal Office Address:

7 SURFSIDE DR
ORMOND BEACH FL 32176

Mailing Address:

1458 OCEAN SHORE BLVD #162
ORMOND BEACH FL 32176

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

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

SHANAN MAZELOW

Name

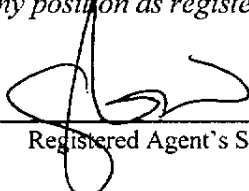
7 SURFSIDE DR ORMOND BEACH FL 32176

Florida street address (P.O. Box **NOT** acceptable)

ORMOND BEACH FL 32176

City, State, and Zip

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)

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

SHANAN MAZELOW

7 SURFSIDE DR

ORMOND BEACH FL 32176

MGRM

CHRISTOPHER GUERRIERO

131 S. OCEAN AIRE TERR

ORMOND BEACH FL 32176

MGR

JOCELYN MAZELOW

7 SURFSIDE DR

ORMOND BEACH FL 32176

MGR

ELIANE MOYSES

131 S. OCEAN AIRE TERR

ORMOND BEACH FL 32176

(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.)

SHANAN MAZELOW

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

FILED
05 MAR 10 PM 12:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA