•	•	•	
(Re	equestor's Name))	
(Ac	ldress)		
. (Ac	ldress)		
(Cit	ty/State/Zip/Phon	e #)	
PICK-UP	☐ WAIT	MAIL	
(Ви	siness Entity Na	me)	
(Document Number)			
Certified Copies	_ Certificate	s of Status	
Special Instructions to	Filing Officer:		
·			
<u></u>			

Office Use Only



100078661051

08/14/06--01013--005 **125.00



COVER LETTER

TO:

Registration Section

Division of Corporations				
SUBJECT: 7	netian E. (Name of Limited	states, L C I Liability Company)		
The enclosed Articles of Organization and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
_ 7	irginia	Name of Person)	nez	
<u>Ve</u>		States, L.	<u> </u>	
	POBOX	190924		
m	leame Bea	ch, FL. 3	3119	
 	(City/	State and Zip Code)		
For further information of	concerning this matter, please c	all:		
Virginia.	Dominguez	at (<u>305</u>) <u>374</u> - (Area Code & Daytime Tel	-0607	
(Name	of Person)	(Area Code & Daytime Tel	ephone Number)	
Enclosed is a check fo	r the following amount:			
□ \$125.00 Filing Fee	☐ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center (Tallahassee, FL 32301	06 SEI TAL	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:
Nonetian Estates LC
(Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address: Mailing Address:
1413 M. Venetian Way P. O. Box 190924 Many FL Mann Beach FL 33119 33119-0924
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)
The name and the Florida street address of the registered agent are: Trginia Dominguez Name 14/3 Venetian Way Florida street address (P.O. Box NOT acceptable) Miami FL 33/3 9 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 gent's Signature (REQUIRED)
(CONTINUED) OG AUG (CONTINUED)
Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Name and Address: Title: "MGR" = Manager "MGRM" = Managing Member (Use attachment if necessary)

REQUIRED SIGNATURE:

prior to or 90 days after the date of filing.)

ARTICLE V: Effective date, if other than the date of filing: ___

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

(If an effective date is listed, the date must be specific and cannot be more than five business days

(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:

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

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

. (OPTIONAL)