

LO90000 74954

NILOUFER KERO
6491 SUGAR TREE DR.
SPRINGHILL, FL 34607

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

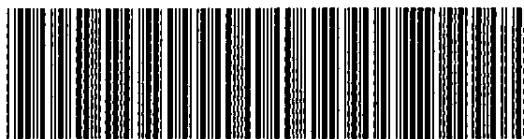
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S. HAWKES

AUG 5 2009

EXAMINER

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

NSM VENTURES, LLC.

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

6491 SUGARTREE DR.
SPRINGHILL, FL 34607

SAME

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:

NILOULFER KERO

Name

6491 SUGARTREE DR.

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

SPRINGHILL, FL 34607

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..

MKero

Registered Agent's Signature (REQUIRED)

(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:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

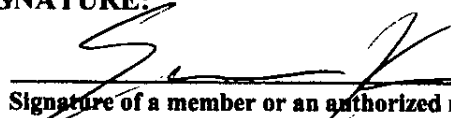
SAMEER KERO
405 N. WABASH AVE. #4711
CHICAGO, IL 60611

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: JULY 2009. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.)

SAMEER KERO

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)

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TALLAHASSEE, FLORIDA

Signed, sealed and delivered in presence of:

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
Lydia Rivera
Witness

Joann Russo
Witness

Joann Russo
Print Name

Lydia RIVERA
Print Name

Sameer Kero
(first party) Sameer Kero

STATE OF FLORIDA
COUNTY OF HERNANDO

I HEREBY CERTIFY that on this 22 day of July, 2009, before me, an officer duly authorized in the state aforesaid and in the county aforesaid to take acknowledgments, personally appeared Miloufer KERO, MD, personally known to me or have produced _____ as identification and who did / did not take an oath, and is/are the person(s) described in and who executed the foregoing instrument and acknowledged before me that he executed the same.

WITNESS my hand and official seal in the County and State lasts aforesaid this 22 day of July, 2009.

Susan F. Trepén
Notary Public
My Commission Expires:



IN WITNESS WHEREOF, The said first party has signed and sealed these presents the year first above written.