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Effective Date 09/25/09

10/02/09--01019--021 **160.00

FILED 09 OCT -2 PH 1: 03 SECRETARY OF STATE ALLAHASSEE, FLORIDA

J. BRYAN

OCT -5 2009

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: NexT LLC
Name of Limited Liability Company
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:
Grabiel Reval
Next LLC
Firm/Company
4141 Ne 2nd AV # 204
Miami-FL 33137 City/State and Zin Code
E-mail address: (to be used for future annual report notification) E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Cabriel Reval at 305 607-7399 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\times 130.00 Filing Fee & Certificate of Status \$\times 155.00 Filing Fee & Certificate of Status \$\times 160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of Corporations

Registration Section Division of Corporation: P.O. Box 6327 Tallahassee, FL 32314 Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name: The name of the Limited Liability Company is:
NexT 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:
4141 Ne 2nd Av #204 Highi-Fl 33137 Highi-Fl 33137 Highi-Fl 33137
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: Effective Date $09/25/09$
Gabriel Reval
Name
4141 Ne 2nd AV#204
Florida street address (P.O. Box NOT acceptable)
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 s Signatur (KEQUIRED)

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..

(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:

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member MGR	Gabriel Revah
MGRM	4141 ne 2nd Av #204 #204 #204 #204 #204 #204 #204 #204
(Use attachment if necessary) TICLE V: Effective date, if other than the an effective date is listed, the date must or 90 days after the date of filing.)	the date of filing: Sept 25/09. (OPTIONAL) be specific and cannot be more than five business days
REQUIRED SIGNATURE:	
Signature of a meml	ber or an authorized representative of a member.
of this document cor that the facts stated h	section 608.408(3), Florida Statutes, the execution astitutes an affirmation under the penalties of perjury serein are true.) Tabrie Revan Typed or printed name of signee
\$125.00 Filing Fee for Articles of Org of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Option	·

Page 2 of 2