## L11000046241

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FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

## **COVER LETTER**

TO:	Registration S Division of Co			
SUB.I	ECT: Nirvar	na Realty, LLC		
2020			ed Liability Company	
The er	nclosed Articles of	Organization and fee(s) are	submitted for filing.	
Please	return all corresp	ondence concerning this mat	ter to the following:	
	Vinette L	ewis		
			Name of Person	
	Nirvana F	Realty, LLC		
			Firm/Company	
	11645 NV	V 71 Place		
			Address	
	Parkland, F			
			y/State and Zip Code	
	vinette@lreg		for future annual report notification)	
		•	•	
For fu	rther information	concerning this matter, pleas	e call:	
Vine	tte Lewis		at (301 ) 494-114	1
	Name	of Person	Area Code & Daytime Te	lephone Number
Enclo	sed is a check fo	r the following amount:		
\$125.0	O 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 Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Nirvana Realty, LLC	imited Liability Company, "L.L.C.," or "LLC.")
(iviusi eiki witti tite words. 12	mines blacking Company, E.E.C., or E.C.
ARTICLE II - Address:	
The mailing address and street address	s of the principal office of the Limited Liability Company is
Principal Office Address:	Mailing Address:
11645 NW 71 Place	11645 NW 71 Place
Parkland, FL 33076	Parkland, FL 33076

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

Vinette Lewis

Name

11645 NW 71 Place

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

Parkland, FL 33076

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 (REQUIRED)

(CONTINUED)

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SECRETARY OF STATE DIVISION OF CORFORATION

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
Manager	Vinette Lewis
	11645 NW 71 Place
	Pandand, FL 33076
	er man er hann hann hann hann hann hann hann han
	* 100 to
(Use attachment if necessary)	
CLEV: Effective date, if other than	n the date of filing: (OPTION
effective date is listed, the date mu O days after the date of filing.)	ust be specific and cannot be more than five business d
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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

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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