

211000066 919

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)



PICK-UP



WAIT



MAIL

(Business Entity Name)

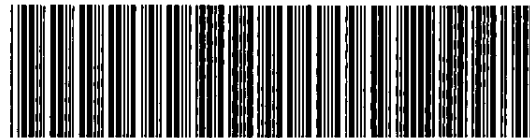
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000207926690

06/07/11--01013--017 **160.00

FILED

11 JUN -7 PM 11:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

JUN 08 2011

EXAMINER

EFFECTIVE DATE

6/20/11

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Nativo411, 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:

Jose Rivera Font

Name of Person

Nativo411, LLC

Firm/Company

5600 SW 135 AVE. STE. 210

Address

MIAMI

FL

33183

City/State and Zip Code

jose@contextd.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Luis O. Torres

at

305

596-3320

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for 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 Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FILED
11 JUN -7 PM 1:56
CLERK OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Nativo411, 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:

5600 SW 135 AVE. STE. 210

Miami, FL 33183

Mailing Address:

5600 SW 135 AVE. STE. 210

Miami, FL 33183

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:

Jose Rivera Font

Name

5600 SW 135 AVE. STE. 210

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

Miami, FL 33183

FL

City, State, and Zip

FILED
11 JUN -7 PM 4:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)

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:

MGR

Jose Rivera Font

5600 SW 135 AVE. STE. 210

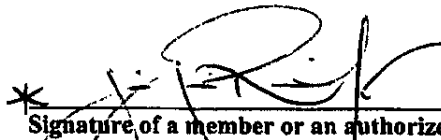
Miami, FL 33183

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 06/20/11. (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. 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.)

Jose Rivera Font

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
11 JUN -7 PM 1:56
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA