L11000129783

•		
(Reque	stor's Name)	
(Addres	SS)	
•		
(Addres	ss)	
(City/St	ate/Zip/Phone #	<i>f</i>)
PICK-UP	WAIT	MAIL
·		
(Pucino	ss Entity Name	<u> </u>
ellieud)	ss Enuty mame	?
(Docum	nent Number)	
Certified Copies	Certificates o	f Status
Special Instructions to Filin	a Officer: ·	
	g	
		,

Office Use Only



800214081768

11/14/11--01016--008 **130.00

SECLEDARY OF STATE
TALLAHASSEE, FLORIDA

10 ال ۱۳۳۳: 24 الناء 12

T. HAMPTON

NUV I # 2011

EXAMINER

COVER LETTER

TO:	Registration Division of C			
SUBJI	гст.	NATICO	GROUP, LLC	
SUBJ	<u> </u>	Name of Limit	ed Liability Company	
The en	closed Articles	of Organization and fee(s) are	submitted for filing.	
Please	return all corres	pondence concerning this matt	ter to the following:	
		ERNESTO	CARLOS BUSTAMANTE	
			Name of Person	
		NA	TICO GROUP	
			Firm/Company	
		50 OCEAN	N LANE DRIVE #102	
			Address	
		KEY BIS	CAYNE, FL 33149	
		Cit	y/State and Zip Code	
			CARLOS1@ME.COM	
		E-mail address: (to be used t	or future annual report notification)	
For fur	ther information	concerning this matter, please	e call:	
ERNI	ESTO CARL	OS BUSTAMANTE	at (305) 281-7684	
	Name	e of Person	Area Code & Daytime Telep	hone Number
Enclos	sed is a check t	for the following amount:		
S125.00	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 Ci Tallahassee, FL 32301	ircle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company	' is:
NATICO G	ROUP, LLC
(Must end with the words "Limited L	iability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the	e principal office of the Limited Liability Company is
Principal Office Address:	Mailing Address:
TO BE DETERMINED	HOME 50 OCEAN LANE DRIVE #102 KEY BISCAYNE, FL 33149
	ered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another
The name and the Florida street address of the	he registered agent are:
ERNESTO CAP	RLOS BUSTAMANTE
Na	ame
50 OCEAN LA	ANE DRIVE #102
	t address (P.O. Box NOT acceptable)
KEY BISCAYNE	FL 33149
City	y, State, and Zip
liability company at the place designated registered agent and agree to act in this capa statutes relating to the proper and complete	I to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as acity. I further agree to comply with the provisions of a e performance of my duties, and I am familiar with and registered agent as provided for in Chapter 608, F.S
	gnature (REQUIRED) FILED TALLAHASSEE, F
(6011	$\Xi_{\mathcal{O}} = 0$

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	•
MGRM	ERNESTO CARLOS BUSTAMANTE
	50 OCEAN LANE DRIVE #102
	KEY BISCAYNE, FL 33149
LE V: Effective date, if other the	an the date of filing: (OPTIO)
LE V: Effective date, if other the ffective date is listed, the date me days after the date of filing.)	an the date of filing: (OPTION ust be specific and cannot be more than five business of
LE V: Effective date, if other the fective date is listed, the date me days after the date of filing.)	an the date of filing: (OPTION nust be specific and cannot be more than five business of
LE V: Effective date, if other the fective date is listed, the date me days after the date of filing.) REQUIRED SIGNATURE:	an the date of filing: (OPTION lust be specific and cannot be more than five business of the specific and cannot be more than five business of the specific and cannot be more than five business of the specific and cannot be more than five business of the specific and cannot be more than five business of the specific and cannot be more than five business of the specific and cannot be more than five business of the specific and cannot be more than five business of the specific and cannot be more than five business of the specific and cannot be more than five business of the specific and cannot be more than five business of the specific and cannot be more than five business of the specific and cannot be more than five business of the specific and cannot be more than five business of the specific and cannot be more than five business of the specific and cannot be more than five business of the specific and cannot be more than five business of the specific and cannot be more than five business.
LE V: Effective date, if other the fective date is listed, the date me days after the date of filing.) REQUIRED SIGNATURE: Signature of a me (In accordance with section constitutes an affirmation I am aware that any false constitutes a third degree	nember or an authorized representative of a member. ion 608.408(3), Florida Statutes, the execution of this document in under the penalties of perjury that the facts stated herein are true. In the facts of perjury that the facts stated herein are true. In the facts of perjury that the facts stated herein are true. In the facts of perjury that the facts stated herein are true. In the facts of perjury that
LE V: Effective date, if other the fective date is listed, the date me days after the date of filing.) REQUIRED SIGNATURE: Signature of a me (In accordance with section constitutes an affirmation I am aware that any false constitutes a third degree	nember or an authorized representative of a member. ion 608.408(3), Florida Statutes, the execution of this document in under the penalties of perjury that the facts stated herein are true. In the facts of perjury that the facts stated herein are true. In the facts of perjury that the facts stated herein are true. In the facts of perjury that the facts stated herein are true. In the facts of perjury that
LE V: Effective date, if other the fective date is listed, the date me days after the date of filing.) REQUIRED SIGNATURE: Signature of a reconstitutes an affirmation I am aware that any false constitutes a third degree Effective date in the constitutes at the constitutes and the constitutes at	nember or an authorized representative of a member. ion 608.408(3), Florida Statutes, the execution of this document in under the penalties of perjury that the facts stated herein are true. In the facts of perjury that the facts stated herein are true. In the facts of perjury that the facts stated herein are true. In the facts of perjury that the facts stated herein are true. In the facts of perjury that
ffective date is listed, the date me days after the date of filing.) REQUIRED SIGNATURE: Signature of a me (In accordance with section constitutes an affirmation I am aware that any false constitutes a third degree EF	nember or an authorized representative of a member. ion 608.408(3), Florida Statutes, the execution of this document in under the penalties of perjury that the facts stated herein are true. In the facts of perjury that the facts stated herein are true. In the facts of perjury that the facts stated herein are true. In the facts of perjury that the facts stated herein are true. In the facts of perjury that
LE V: Effective date, if other the fective date is listed, the date me days after the date of filing.) REQUIRED SIGNATURE: Signature of a reconstitutes an affirmation I am aware that any false constitutes a third degree Effective date in the constitutes at the constitutes and the constitutes at	nember or an authorized representative of a member. Ion 608.408(3), Florida Statutes, the execution of this document in under the penalties of perjury that the facts stated herein are true. In information submitted in a document to the Department of State in formation submitted in a submit