

FROM :

Division of Corporations

FAX NO : 305 444 6329

APR 25 2012 3:27PM P1

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H12000112870 3)))



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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : RASCO, REININGER, PEREZ & ESQUENAZI, P.L.
Account Number : 104076000124
Phone : (305) 476-7100
Fax Number : (305) 476-7102

-or 305-444-9829
or email - dbernard@rasco.klock.com

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: lperez@rasco.klock.com c/o tpissani@rasco.klock.com

NOTE: PLEASE SEND FLORIDA CERTIFICATES TO THE ABOVE e-mail address. Thank you.

FLORIDA LIMITED LIABILITY CO.
NANY, LLC

Certificate of Status	1
Certified Copy	1
Page Count	03
Estimated Charge	\$160.00

RECEIVED

12 APR 25 PM 3:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

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Corporate Filing Menu

Help APR 26 2012

EXAMINER
4/25/2012

FROM :

FAX NO. : 3054449829

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NANY, 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:

LUIS A. PEREZ, ESQ.

Name of Person

MIAMI CORPORATE SYSTEMS, LLC

Firm/Company

c/o 283 CATALONIA AVE., 2ND. FLOOR

Address

CORAL GABLES, FLORIDA 33134

City/State and Zip Code

lperez@rascoklock.com

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

For further information concerning this matter, please call:

Luis A. Perez

Name of Person

at (305) 476-7100

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

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TALLAHASSEE, FLORIDA

FROM :

FAX NO. :3054449829

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

NANY, 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:

DIANNE SPERBER

19333 Collins Ave # 1608

Sunny Isles, Florida 33160

Mailing Address:

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:

MIAMI CORPORATE SYSTEMS, LLC

Name

c/o 283 Catalonia Ave., 2nd. Floor

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

Coral Gables

FL Florida 33134

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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TALLAHASSEE FLORIDA

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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:

MGR

DIANNE SPERBER

19333 Collins Ave # 1608

Sunny Isles, Florida 33160

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TALLAHASSEE, FLORIDA

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (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.)

LUIS A. PEREZ

Typed or printed name of signer

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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