## 412000061101

(Re	questor's Name)		
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PICK-UP	☐ WAIT	MAIL	
(Bu	siness Entity Na	me)	
(Document Number)			
Certified Copies	_ Certificate	s of Status	
Special Instructions to	Filing Officer:		





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05/03/12--01023--013 \*\*125.00

Effective Date 5/1/17

12 MAY -3 &MID: 11

SECRETARY OF STATE

MAY -7 2012 T. HAMPTON

## **COVER LETTER**

1:4

Division of C			·	; ·
SUBJECT: Nimbus	s International LLC			
	Name of Limite	d Liability Comp	any	
The enclosed Articles	of Organization and fee(s) are s	ubmitted for filin	g.	
Please return all corres	pondence concerning this matte	er to the following	g:	
Janine Albe	rt		<b></b>	
		Name of Person		
Nimbus Inte	ernational LLC	·····		
		Firm/Company		
12656 Bisc	ayne Ct.			
		Address		
Naples, FL	34105			
		/State and Zip Code	e	
j9albert@ya	hoo.com			
	E-mail address: (to be used for	or future annual rep	ort notification)	<b>\</b>
For further information	concerning this matter, please	call:		
Janine Albert		at (239	, 293-6684	
Name	e of Person		& Daytime Telephone Num	ber
Enclosed is a check to	for the following amount:			
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filin Certified Co (additional cop	py Certific y is enclosed) Certifie	Filing Fee, ate of Status & d Copy al copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registrat Division Clifton E 2661 Exe	ourier Address ion Section of Corporations Building ecutive Center Circle see, FL 32301	

## Effective Date 3/1/17

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY				
ARTICLE I - Name: The name of the Limited Liability Compa	ny is:			
Nimbus International LLC				
(Must end with the words "Limited	d Liability Company, "L.L.C.," or "LLC.")			
ARTICLE II - Address: The mailing address and street address of	the principal office of the Limited Li	iability Company is:		
Principal Office Address:	Mailing Address:			
12656 Biscayne Ct. Naples, FL 34105	12656 Biscayne Ct. Naples, FL 34105			
ARTICLE III - Registered Agent, Regist (The Limited Liability Company cannot serve as its own business entity with an active Florida registration.)  The name and the Florida street address of Janine Albert	Registered Agent. You must designate an indiv	s Signature: idual or another		
	Name			
12656 Piggayno Ct				
12656 Biscayne Ct.	eet address (P.O. Box NOT acceptable)			
Naples, FL 34105				
	FL ity, State, and Zip			
Having been named as registered agent at liability company at the place designate registered agent and agree to act in this constatutes relating to the proper and complete accept the obligations of my position at Registered Agent's	ed in this certificate, I hereby accept to pacity. I further agree to comply with ete performance of my duties, and I a	he appointment as h the provisions of all m familiar with and Chapter 608, F.S DIVISION OF CO.		
(CON	TOTALLED)	AH I		

Page 1 of 2

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Membe	Name and Address:
MGR	Janine Albert 12656 Biscayne Ct. Naples, FL 34105
(Use attachment if necessary)	
CLE V: Effective date, if other the	han the date of filing: May 1, 2012 (OPTIONAL) must be specific and cannot be more than five business days pr
REQUIRED SIGNATURE:	
Signature of A	member or an authorized representative of a member.
constitutes an affirmation	etion 608.408(3), Florida Statutes, the execution of this document on under the penalties of perjury that the facts stated herein are true. se information submitted in a document to the Department of State

SECRETARY OF STATE
DIVISION OF CORPORATIONS

12 MAY - 2 MM IO: 11

Typed or printed name of signee

constitutes a third degree felony as provided for in s.817.155, F.S.)

Janine Albert

\$125.00 Filing Fee for Articles of Organization and Designation

Filing Fees:

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)