

L12000141906

(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:

NOV 8 2012
NOV 8 2012
S. TONER
S. TONER

Office Use Only

* Per phone conversation with
Christina Pera, 11/8/12, the
LLC name has been corrected
to be NMT of South Florida LLC

SP7



600238422596

08/15/12--01005--026 **130.00

~~1012-92836~~

FILED
12 NOV -8 PM 3:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 16, 2012

Christina Pera

CLEAN START, LLC
9170 NW 26TH PL.
SUNRISE, FL 33322

SUBJECT: CLEAN START, LLC
Ref. Number: W12000042836

We have received your document for CLEAN START, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Sean Toner
Senior Section Administrator

Letter Number: 612A00021133

COVER LETTER

TO: Registration Section
Division of Corporations

Clean Start, LLC

SUBJECT: _____
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:

Brandie Cunningham

Name of Person

Clean Start, LLC

Firm/Company

9170 NW 26th Pl.

Address

Sunrise, FL. 33322

City/State and Zip Code

cleanstartflorida@gmail.com

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

For further information concerning this matter, please call:

Christina Pera

Name of Person

at (954) 687-2159

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

~~MEATY LLC~~ NMT of SOUTH FLORIDA 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:

9170 NW 26th Place
Sunrise, FL. 33322

Mailing Address:

9170 NW 26th Place
Sunrise, FL. 33322

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:

Christina Pera

Name

9170 NW 26th Place

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

Sunrise,

FL 33322

City, State, and Zip

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12 NOV - 8 PM 3:46

FILED

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..

Christina Pera

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

Christina Pera

9470 NW 26th Place

Sunrise, FL 33322

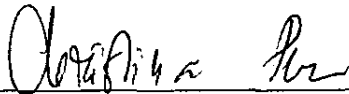
~~MGRM~~

(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.)

Christina Pera

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)