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SECRETARY OF STATE
TALLAHASSEE, FLORID,

EFFECTIVE DATE

COVER LETTER

TO: **Registration Section Division of Corporations** NSA Brokers 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: Ana Maria Garcia Name of Person NSA Group LLC Firm/Company 14131 SW 146th Terrace Miami City/State and Zip Code NSAGroupLLC@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Ana Maria Garcia Name of Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount: **□\$125.00** Filing Fee □\$130.00 Filing Fee & □\$155.00 Filing Fee & \$160.00 Filing Fee, Certificate of Status Certificate of Status & Certified Copy Certified Copy (additional copy is enclosed) (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	ty Company is:	
NSA Brokers LLC		
(Must end with the w	ords "Limited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street a	ddress of the principal office of the Limited I	Liability Company is:
Principal Office Address:	Mailing Address:	
14131 SW 146th Terrace	14131 SW 146th Terrace	
Miami FL 33186	Miami FL 33186	
Ana Maria Ga	Name	3 JUL -9 AM
14131 SW 14		SEAT DO C
Miami	Florida street address (P.O. Box <u>NOT</u> acceptable)	ADA 154
- Iviidiiii	33186 City, State, and Zip	-
liability company at the place registered agent and agree to a all statutes relating to the prop	ed agent and to accept service of process for the designated in this certificate, I hereby accept act in this capacity. I further agree to comply per and complete performance of my duties, and position as registered agent as provided for	the appointment as with the provisions of nd I am familiar with

(CONTINUED)

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>	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Member	
MGRM	Nelson Suarez
	14131 SW 146th Terrace
	Miami FL 33186
MGRM	Ana Maria Garcia
	14131 SW 146th Terrace
	Miami FL 33186
(Use attachment if necessary)	
(,	62
CLE V: Effective date, if other than	the date of filing: 07/01/2013 (APTIONAL)
	ust be specific and cannot be more than five Pusiness
to or 90 days after the date of filing	
	S S S
	mc ➤
<u>REQUIRED</u> SIGNATURE:	
\sim	START 2:
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Similar	mber 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.)

Ana Maria Garcia

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)