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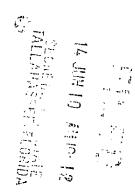
(Re	equestor's Name)	
(Ac	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL MAIL
(Bı	ısiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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COVER LETTER

	Registration Division of (Section Corporations			
SUBJEC	CT: <u>Nexsen</u>	se LLC Name of Lin	nited Liability Cor	mpany	
The encl	osed Articles	of Organization and fee(s) ar	e submitted for fil	ling.	
Please re	turn all corre	spondence concerning this m	atter to the follow	ing:	
	Hailey Ba	arner	Name of Person	<u> </u>	
			rume or resor	•	
	Nexsense	e LLC	Firm/Company	·- <u>-</u> ······	
	722 E Te	chnology Ave	Address		
	Orem, Ut		ity/State and Zip (Code	
<u>hba</u>	rner@nexse				ition)
For furth	er informatio	n concerning this matter, plea	ase call:		
<u>Hailey B</u>		at (3	385) <u>375</u> Area Code		lephone Number
Enclosed	is a check fo	r the following amount:			
\$125.00	Filing Fee	☑\$130.00 Filing Fee & Certificate of Status	S155.00 Filir Certified Cop (additional copy	ру	□\$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:	
Nexsense LLC (Must end with the words "Limite	ed Liability Company, "L.L.C.," or "LLC.")
ARTICLE 11 - Address: The mailing address and street address of the principal	office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
722 E Technology Ave- Bidg E Orem, UT 84097	722 E Technology Ave- Bldg E Orem, UT 84097
ARTICLE III - Registered Agent, Registered Office (The Limited Liability Company cannot serve as its ow another business entity with an active Florida registrat	n Registered Agent. You must designate an individual or
The name and the Florida street address of the register	ed agent are:
NRAI Services, Inc.	
Nan	ne
1200 South Pine Island Roa	
Florida street address (P.O. B	ox NOT acceptable)
Plantation	FL 33324 Zip
City	Zip
the place designated in this certificate, I hereby acc capacity. I further agree to comply with the provision of my duties, and I am familiar with and accept the Ch	service of process for the above stated limited liability company at ept the appointment as registered agent and agree to act in this is of all statutes relating to the proper and complete performance obligations of my position as registered agent as provided for in apter 605, F.S Kimberly Steinmetz, VP & Assistant Secretary
Danistand Assatis Ci	NRAI Services, Inc.
Registered Agent's Sign	
Porm 1 d	·

	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	Dee Jones
	2653 E Water Wheel Ct
	Heber, UT 84032
MGR	Derrick Schutz
	18 E Siena Dr
	Pleasant Grove, UT 84062
MGR	Andres Sosa
MOTO .	1184 N 840 E
	Orem, UT 84097
	
(Use attachment if necessary)	
(Use attachment if necessary) EV: Effective date, if other than the date of ective date is listed, the date must be speciffiling.)	f filing: (OPTIONAL) ific and cannot be more than five business days prior to or 9
E V: Effective date, if other than the date of ective date is listed, the date must be specifiling.)	ific and cannot be more than five business days prior to or 9
EV: Effective date, if other than the date of ective date is listed, the date must be specifiling.) EVI: Other provisions, if any. REQUIRED SIGNATURE	ific and cannot be more than five business days prior to or 9
E V: Effective date, if other than the date of ective date is listed, the date must be specifiling.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a mem (In accordance with section 605, constitutes an affirmation under 1 am aware that any false information.)	ific and cannot be more than five business days prior to or 9
E V: Effective date, if other than the date of ective date is listed, the date must be specifilling.) E VI: Other provisions, if any. Signature of a mem (In accordance with section 605. constitutes an affirmation under the lam aware that any false information constitutes a third degree felony	aber or all authorized representative of a member. 10203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true. ation submitted in a document to the Department of State as provided for in s.817.155, F.S.)
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E V: Effective date, if other than the date of ective date is listed, the date must be specing filing.) E VI: Other provisions, if any. Signature of a mem (In accordance with section 605, constitutes an affirmation under 1 am aware that any false information constitutes a third degree felony Derrick Schutz	ther or an authorized representative of a member. 0203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true. at a provided for in s.817.155, F.S.) Typed or printed name of signee

ARTICLE IV-