

L14000100468

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

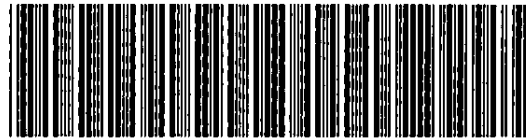
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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05/28/14--01015--004 \*\*125.00

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14 JUN 23 PM 3:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JUN 24 2014

T. BROWN

~~2114 31653~~

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: NEFERTARI PROPERTIES, 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:

GUSTAVO NEFFA

Name of Person

NEFERTARI PROPERTIES, LLC

Firm/Company

151 CRANDON BLVD., APT. #136

Address

KEY BISCAYNE, FL., 33149

City/State and Zip Code

gustavoneffa@gmail.com

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

For further information concerning this matter, please call:

GUSTAVO NEFFA

Name of Person

at ( 305 ) 510-9626

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |   |   |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

## TRANSMITTAL LETTER

May 20, 2014.

TO: Florida Department of State  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle,  
Tallahassee, FL., 32301.

SUBJECT: NEFERTARI PROPERTIES, LLC.

Enclosed herewith please find two (2) sets of the Articles of Organization of subject Company, along with check in the amount of \$125.00 to cover its registration.

Please return all correspondence concerning this matter to the following:

GUSTAVO NEFFA  
151 Crandon Blvd., Unit #136,  
KEY BISCAWAYNE, FL., 33149.

[gustavoneffa@gmail.com](mailto:gustavoneffa@gmail.com)

Email address

For further information concerning this matter, please call:

Gustavo Neffa at (305) 510-9626

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**NEFERTARI PROPERTIES, LLC.**

**151 Crandon Blvd., Apt. #136,**

**KEY BISCAYNE, FL., 33149.**

**June 19, 2014**

**Florida Department of State  
Registration Section  
Division of Corporations  
P.O. Box 6327,  
TALLAHASSEE, FL., 32314.**

**ATTN.: Ms. Teresa Brown  
Regulatory Specialist II**

**REF.: NEFERTARI PROPERTIES, LLC.  
Ref. Number: W14000034653**

**Dear Sirs:**

**Reference is made to your letter dated June 4, 2014, under Letter Number 214A00012033, requesting that the Articles of Organization be resubmitted to your office.**

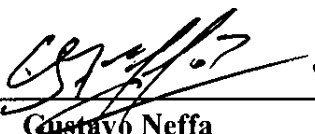
**Attached please find two sets of original Cover Letter and revised Articles of Organization, which we trust that meets your requirements this time.**

**We are also enclosing a copy of your letter as requested, acknowledging that you kept the payment of \$125.00 to register the company.**

**We would respectfully request that you register our company in due course and inform us accordingly.**

**Sincerely**

**NEFERTARI PROPERTIES, LLC.**



**Gustavo Neffa**

**Authorized Managing Member**



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 4, 2014

GUSTAVO NEFFA  
151 CRANDON BLVD UNIT 136  
KEY BISCAYNE, FL 33149

SUBJECT: NEFERTARI PROPERTIES, LLC.  
Ref. Number: W14000034653

We have received your document for NEFERTARI PROPERTIES, LLC. and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Teresa Brown  
Regulatory Specialist II

Letter Number: 214A00012033

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

NEFERTARI PROPERTIES, 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:**

151 CRANDON BLVD.,  
Apt. #136,  
KEY BISCAYNE, FL., 33149

**Mailing Address:**

151 CRANDON BLVD.,  
Apt. #136,  
KEY BISCAYNE, FL., 33149

**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:

GUSTAVO NEFFA

Name

151 CRANDON BLVD., Apt. #136

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

KEY BISCAYNE

City

FL 33149

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 605, F.S.*

  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

**Name and Address:**

GUSTAVO NEFFA

151 CRANDON BLVD., Apt. #136

KEY BISCAYNE, FL., 33149

AMBR

ROSSANA DE LOS RIOS

151 CRANDON BLVD., Apt. #136,

KEY BISCAYNE, FL., 33149

AMBR

ALEJANDRO PERALTA-VIERCI

151 CRANDON BLVD., Apt. #136

KEY BISCAYNE, FL., 33149

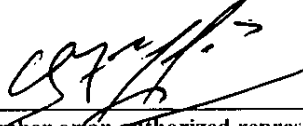
(Use attachment if necessary)

**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.)

**ARTICLE VI:** Other provisions, if any.

**REQUIRED SIGNATURE:**



**Signature of a member or an authorized representative of a member.**

(In accordance with section 605.0203 (1) (b), 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.)

GUSTAVO NEFFA

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)**