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PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	
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02/03/15--01019--014 \*\*125.00

Effective Date 2, 15



T. HAMPTON

### **COVER LETTER**

Division of Corporations
SURJECT: Neema Trust 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:
Nicholas J. Washo
Name of Person
Neema Trust LLC Firm/Company
2515 Sw 35th Place Apt. 114
Address
Gainesuille, FL 32608  City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Vicholas J. Washer 802, 999-4765
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\Bigcup \\$130.00 Filing Fee & \Bigcup \\$155.00 Filing Fee & \Bigcup \\$160.00 Filing Fee,  Certificate of Status Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)
. Mailing Address Street/Country Address

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

# Effective Date 21, 15

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:
Neema Trust 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:
<u>Principal Office Address:</u> Mailing Address:
2515 Sw 35th Place Apt 114 2515 Sw 35th Place Apt 114 Gainesville, FL 32608 Gainesville, FL 32608
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 nother business entity with an active Florida registration.)
The name and the Florida street address of the registered agent are:    Name   25   5
(CONTINUED)  Page 1 of 2  Page 1 of 2  Page 1 of 2

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
Nicholas J. Washo MUR	2515 Sw 35th Place Apt, 11 Gainesville, FL 32608
(Use attachment if necessary)  E.V: Effective date, if other than the date of its content of the	filing: 2/1/2015 (OPTIONAL) fic and cannot be more than five business days prior to or
of filing.) E VI: Other provisions, if any.	
REQUIRED SIGNATURE:	MM 11111/15
Signature of a memb (In accordance with section 605.0) constitutes an affirmation under th I am aware that any false informat constitutes a third degree felony as	per or an authorized representative of a member. 203 (1) (b), Florida Statutes, the execution of this document ne penalties of perjury that the facts stated herein are true. tion submitted in a document to the Department of State s provided for in s.817.155, F.S.)
Signature of a memb (In accordance with section 605.0) constitutes an affirmation under th I am aware that any false informat constitutes a third degree felony as	203 (1) (b), Florida Statutes, the execution of this document he penalties of perjury that the facts stated herein are true. tion submitted in a document to the Department of State is provided for in s.817.155, F.S.)
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Signature of a memb (In accordance with section 605.0) constitutes an affirmation under th I am aware that any false informat constitutes a third degree felony as T:  \$125.00 Filing Fee for Articles of Organ \$30.00 Certified Copy (Optional)	203 (1) (b), Florida Statutes, the execution of this document he penalties of perjury that the facts stated herein are true. Lion submitted in a document to the Department of State is provided for in s.817.155, F.S.)  25