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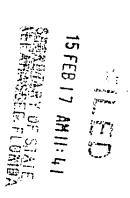
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PICK-UP	☐ WAIT	MAIL		
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Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				

Office Use Only



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COVER LETTER

Di	ivision of Corporations
SUBJECT	: _1010 NW LLC.
	Name of Limited Liability Company
The enclose	ed Articles of Organization and fee(s) are submitted for filing.
Please retui	rn all correspondence concerning this matter to the following:
	DAVID AVAN
	Name of Person
	1010 NW LLC.
	Firm/Company
	7330 NW 36 AVENUE
	Address
	MIAMI FL 33147
	City/State and Zip Code
<u>1010N</u>	NWLLC@gmail.com E-mail address: (to be used for future annual report notification)
For further	information concerning this matter, please call:
DAVID AV	/AN at (305) 609 4240
	Name of Person Area Code Daytime Telephone Number
Enclosed is	a check for the following amount:
🕽 \$125.00 Fi	ling Fee \$\Bigcup \\$130.00 \text{ Filing Fee & }\Bigcup \\$155.00 \text{ Filing Fee & }\Bigcup \\$160.00 \text{ Filing Fee.}

Mailing Address

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address

(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Certified Copy

(additional copy is enclosed)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

1010 NW LLC. (Must end with the words	"Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	rincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
7330 NW 36 AVENUE	same
MIAMI FL 33147	
another business entity with an active Florida r	s its own Registered Agent. You must designate an individual or egistration.)
(The Limited Liability Company cannot serve a	s its own Registered Agent. You must designate an individual or egistration.)
(The Limited Liability Company cannot serve a another business entity with an active Florida re	s its own Registered Agent. You must designate an individual or egistration.)
(The Limited Liability Company cannot serve a another business entity with an active Florida retained and the Florida street address of the real DAVID AVAN	s its own Registered Agent. You must designate an individual or egistration.) registered agent are: Name
(The Limited Liability Company cannot serve a another business entity with an active Florida r. The name and the Florida street address of the r. DAVID AVAN. 7330 NW 36 AVENU	s its own Registered Agent. You must designate an individual or egistration.) registered agent are: Name

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)

Page 1 of 2



AMBR DAVID AVAN 7330 NW 36 AVENUE MIAMI FL 33147 AMBR MOLLY AVAN 7330 NW 36 AVENUE MIAMI FL 33147 (Use attachment if necessary) LE V: Effective date, if other than the date of filing: FEBRUARY 10, 2015 (OPTIONAL fective date is listed, the date must be specific and cannot be more than five business days prior to of filing.) LE VI: Other provisions, if any. REOUIRED 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 docur constitutes an affirmation under the penalties of perjury that the facts stated herein are tru 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.) DAVID AVAN Typed or printed name of signee Filing Fees:	AMBR DAVID AVAN 7330 NW 36 AVENUE MIAMI FL 33147 AMBR MOLLY AVAN 7330 NW 36 AVENUE MIAMI FL 33147 EV: Effective date, if other than the date of filing: FEBRUARY 10, 2015 (OPTIONAL) ctive date is listed, the date must be specific and cannot be more than five business days prior to or 90 dat ffling.) EVI: Other provisions, if any. REQUIRED SIGNATURE: (In accordance with section 605, 2023 (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.) DAVID AVAN Typed or printed name of signee Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent	Title: "AMBR" = Authorized Member	Name and Address:
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	Certified Copy (Optional)	e is listed, the date must be ser provisions, if any. EED SIGNATURE: Signature of a (In accordance with section constitutes an affirmation u I am aware that any false in constitutes a third degree fe DAVID AVAN	member or an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document nder the penalties of perjury that the facts stated herein are true. formation submitted in a document to the Department of State clony as provided for in s.817.155, F.S.) Typed or printed name of signee Filing Fees: