

L 15000091855

Division of Corporations

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Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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EFFECTIVE DATE
5-26-2015

To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : CORP USA
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2015 MAY 26 AM 8:31
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

* Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: _____

FLORIDA LIMITED LIABILITY CO.

THE NELSON FOUNDATION, LLC.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

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Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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ARTICLE I - Name:

The name of the Limited Liability Company is:

EFFECTIVE DATE
5-26-2015

THE NELSON FOUNDATION, 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:

Mailing Address:

16015 SW 101 AVENUE
MIAMI, FL 33157

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:

ASA PAUL SEALY

Name

16015 SW 101 AVENUE

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

MIAMI

FL

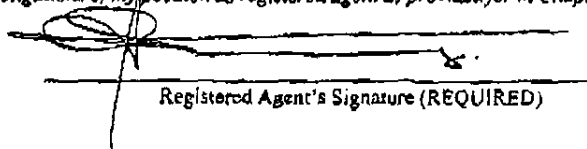
33157

City

State

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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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

ALASHE KALASH NELSON
16015 SW 101 AVENUE
MIAMI, FL 33157

MGR

ASA PAUL SEALY
16015 SW 101 AVENUE
MIAMI, FL 33157

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 05/26/2015 (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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.)

ALASHE KALASH NELSON

Typed or printed name of signee

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