

L15000113339

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

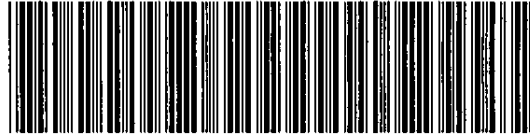
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

2980 -



500273721895

06/08/15--01028--005 **155.00

FILED
15 JUL -2 PM 3:29
SECRETARY OF STATE
ALABAMA, CIVIL

7/7/15

112150000411616

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: NINA FRIEDMAN L.L.C.
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:

NINA FRIEDMAN
Name of Person
NINA FRIEDMAN LLC
Firm/Company
PO BOX 449
Address
LAKE WORTH FL 33460
City/State and Zip Code
954NINA@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

NINA FRIEDMAN at (954) 850-6236
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$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 Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FILED
15 JUL -2 PM 3:29
TALLAHASSEE, FL
SECRETARY OF STATE



RECEIVED JUL 2 2015

**FLORIDA DEPARTMENT OF STATE
Division of Corporations**

June 12, 2015

NINA FRIEDMAN
POST OFFICE BOX 449
LAKE WORTH, FL 33460

SUBJECT: NINA FRIEDMAN L.L.C.
Ref. Number: W15000041166

We have received your document for NINA FRIEDMAN L.L.C. and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

Please return the corrected original and one copy of 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) 245-6052.

Claretha Golden
Regulatory Specialist II
New Filing Section

Letter Number: 215A00012414

FILED

15 JUL -2 PM 3:29

**RECEIVED
DIVISION OF CORPORATIONS
JUL 2 2015**

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

NINA FRIEDMAN L.L.C.

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

FILED

15 JUL -2 PM 3:29

CLERK OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

1630 North O Street

Lake Worth FL 33460

Mailing Address:

PO Box 449

Lake Worth FL 33460

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:

NINA FRIEDMAN

Name

1630 North O Street

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

Lake Worth

Florida

33460

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)

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:

Nina Friedman

PO Box 449

Lake Worth FL 33460

(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.)

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.)

NINA FRIEDMAN

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)

FILED
15 JUL -2 PM 3:29
DEPARTMENT OF STATE
HALL OF RECORDS
TALLAHASSEE, FLORIDA