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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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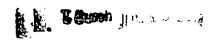
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T. Besselv 1918-1-3 2015

COVER LETTER

TO:	Registration Section Division of Corporations
CUDIE	Nishikigoi Enterprises
SUBJE	Name of Limited Liability Company
The enc	losed Articles of Organization and fee(s) are submitted for filing.
Please r	eturn all correspondence concerning this matter to the following:
	Jason A. Flores
	Name of Person
	Nishikigoi Enterprises
	Firm/Company
	5641 Tughill Drive
	Address
	Tampa, Florida 33624
	City/State and Zip Code lakeandoverkoi@gmail.com
	E-mail address: (to be used for future annual report notification)
For further	er information concerning this matter, please call:
	Jason Flores 813 748-4787
	Name of Person Area Code Daytime Telephone Number
Enclose	d is a check for the following amount:
\$125.00	Filing Fee \$\ \times \text{S130.00 Filing Fee & Certificate of Status} \tag{\$155.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)} \tag{\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)}
	Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	Nishikigo	i Enterprises, LLC		
(Must end wi	ith the words "Limited		"L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street add	lress of the principal o	office of the Limited I	Liability Company is:	
<u>Principal</u>	Office Address:		Mailing Ad	dress:
5641 Tughill Drive, Ta	mpa, Fl 33624	<u>5641</u> `	Tughill Drive, Tampa	, FL 33624
				-
RTICLE III - Registered Agen The Limited Liability Company ca				individual or
nother business entity with an act			_	
·	-	•		
The name and the Florida street ad	dress of the registered	·		
he name and the Florida street ad	_	i agent are:		75. 75.
he name and the Florida street ad	_	·		15 JUI PAECRE
he name and the Florida street ad	Jas	on A. Flores Name		15 JUL 10
he name and the Florida street ad	Jas 5641	I agent are:	ceptable)	JUL 10 GREIARY GRANSSER
The name and the Florida street ad	Jas 5641	d agent are: son A. Flores Name Tughill Drive	ceptable)	JUL 10 PH
The name and the Florida street ad	Jas 5641 Florida street addres	d agent are: son A. Flores Name Tughill Drive s (P.O. Box NOT acc	•	JUL 10 PH
	5641 Florida street addres Tampa City	d agent are: son A. Flores Name Tughill Drive s (P.O. Box NOT acc Florida State	33624 Zip	JUL 10 PM 6: L8 GREPARY OF STATE LAHASSEE, FLORIDA
iving been named as registered ag ace designated in this certificate, l	5641 Florida street addres Tampa City rent and to accept serve thereby accept the app	d agent are: son A. Flores Name Tughill Drive s (P.O. Box NOT acc Florida State ice of process for the continuent as registered	33624 Zip above stated limited lid lagent and agree to ad	JUL 10 PH 1: 18 CAHASSEE, FLORIDA ability company at the ct in this capacity. I
tving been named as registered ag ace designated in this certificate, l Ther agree to comply with the prov	Jas 5641 Florida street addres Tampa City rent and to accept serv, hereby accept the app visions of all statutes re	I agent are: Son A. Flores Name Tughill Drive Is (P.O. Box NOT acc Florida State State	33624 Zip above stated limited lid agent and agree to ac and complete performa	AHASSEE, FLORIDA ability company at the ct in this capacity. I ance of my duties, and I
aving been named as registered ag ace designated in this certificate, l rther agree to comply with the prov	Jas 5641 Florida street addres Tampa City rent and to accept serv, hereby accept the app visions of all statutes re	I agent are: Son A. Flores Name Tughill Drive Is (P.O. Box NOT acc Florida State State	33624 Zip above stated limited lid agent and agree to ac and complete performa	AHASSEE, FLORIDA ability company at the ct in this capacity. I ance of my duties, and I
The name and the Florida street ad aving been named as registered ag ace designated in this certificate, l rther agree to comply with the prov n familiar with and accept the oblig	Jas 5641 Florida street addres Tampa City rent and to accept serv, hereby accept the app visions of all statutes re	I agent are: Son A. Flores Name Tughill Drive Is (P.O. Box NOT acc Florida State State	33624 Zip above stated limited lid agent and agree to ac and complete performa	JUL 10 PH 1: 18 Ability company at the ct in this capacity. I unce of my duties, and I

(CONTINUED)
Page 1 of 2

<u>Fitle:</u>	Name and Address:
'AMBR" = Authorized Member	
'MGR" = Manager Manager	Jason Flores
vianagei	5641 Tughill Drive
	Tampa, Florida 33624
<u></u>	
	<u></u>
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·	S = 0
Lice attachment if necessary)	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
Use attachment if necessary) EV: Effective date, if other than the detive date is listed, the date must be filing.)	HBAN 18
EV: Effective date, if other than the d ctive date is listed, the date must be f filing.)	ate of filing:07/02/2015 (OPTIONAL) specific and cannot be more than five business days prior to or 90 countries the applicable statutory filing requirements, this date will not be
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EV: Effective date, if other than the dective date is listed, the date must be filling.) the date inserted in this block does not nent's effective date on the Department EVI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a This document is exception.	nate of filing:07/02/2015 (OPTIONAL) specific and cannot be more than five business days prior to or 90 count meet the applicable statutory filing requirements, this date will not be ent of State's records. member or an authorized representative of a member. Executed in accordance with section 605.0203 (1) (b), Florida Statutes.
EV: Effective date, if other than the detive date is listed, the date must be filling.) The date inserted in this block does not nent's effective date on the Department EVI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a This document is exert am aware that any filling is the control of th	ate of filing:07/02/2015 (OPTIONAL) specific and cannot be more than five business days prior to or 90 count meet the applicable statutory filing requirements, this date will not be ent of State's records. member or an authorized representative of a member.
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EV: Effective date, if other than the dective date is listed, the date must be filling.) the date inserted in this block does not nent's effective date on the Department EVI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a This document is exert am aware that any filling is the control of t	member or an authorized representative of a member. ceuted in accordance with section 605.0203 (1) (b), Florida Statutes. alse information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S.

Page 2 of 2