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(Re	questor's Name)	
(Ad	dress)	<u> </u>
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(Cit	y/State/Zip/Phone	e #)
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T. SCOTT



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COVER LETTER

то:	Registration Section Division of Corporations
SUBJE	N2M, LLC
SOBJI	Name of Limited Liability Company
The en	closed Articles of Organization and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Lisellot Casasnovas
	Name of Person
	N2M, LLC
	Firm/Company
	10775 NW 21 Street Unit 150
	Address
	Mîami FL 33172
	City/State and Zip Code
	clisellot@hotmail.com
	E-mail address: (to be used for future annual report notification)
For furth	er information concerning this matter, please call:
	Lisellot Casasnovas 786 355-5423
	Name of Person Area Code Daytime Telephone Number
Enclose	ed is a check for the following amount:
\$125 .0	10 Filing Fee \$\ \text{Certificate of Status} \ \text{Certified Copy} \\ \text{(additional copy is enclosed)} \ \text{S160.00 Filing Fee, } \\ \text{Certified Copy} \\ \text{(additional copy is enclosed)} \ (addit

Mailing Address

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

Street Address

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

nd with the words "Limited	d Liability Co	ompany, "L.L.C.," or "LLC.")
t address of the principal c	office of the	Limited Liability Company is:
cipal Office Address:		Mailing Address:
eet Unit 150 Miami FL 33	172	10775 NW 21 St, Unit 150 Miami FL 33172
any cannot serve as its own in active Florida registration	Registered .	ed Agent's Signature: Agent. You must designate an individual or
Jose Luis Monter	<u> </u>	
	Name	
11358 NW 53 Lane		
Florida street addres	ss (P.O. Box	NOT acceptable)
Doral	Floric	da 33178
City	State	Zip
nte, I hereby accept the app provisions of all statutes re	ointment as i elating to the	s for the above stated limited liability company at the registered agent and agree to act in this capacity. If proper and complete performance of my duties, and agent as provided for in Chapter 605, F.S
	et address of the principal of cipal Office Address: Det Unit 150 Miami FL 33 Agent, Registered Office, any cannot serve as its own active Florida registration at address of the registered Jose Luis Monter 11358 NW 53 Lane Florida street address Doral City City Ced agent and to accept serve	Agent, Registered Office, & Registered any cannot serve as its own Registered an active Florida registered agent are: Jose Luis Monter Name 11358 NW 53 Lane Florida street address (P.O. Box Doral Florida City State

5 AUG 17 AMID: 50

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager Manager	Lisellot Casasnovas
Manager	11358 NW 53 Lane Doral FL. 33178
Authorized Member	Nicole Montero
	11358 NW 53 Lane Doral FL.33178
Authorized Member	Nathaly Montero
	11358 NW 53 Lane, Doral FL. 33178
Authorized Member	Maria Jose Montero
	11358 NW 53 Lane. Doral FL. 33178
(Use attachment if necessary)	
TICLE V: Effective date, if other than the date of an effective date is listed, the date must be specidate of filing.) te: If the date inserted in this block does not med	f filing: (OPTIONAL) ific and cannot be more than five business days prior to or 90 days et the applicable statutory filing requirements, this date will not be list. State's records.
TICLE V: Effective date, if other than the date of an effective date is listed, the date must be specidate of filing.) te: If the date inserted in this block does not mee document's effective date on the Department of TICLE VI: Other provisions, if any.	ific and cannot be more than five business days prior to or 90 days et the applicable statutory filing requirements, this date will not be list 'State's records.
TICLE V: Effective date, if other than the date of an effective date is listed, the date must be speci date of filing.)	ific and cannot be more than five business days prior to or 90 days et the applicable statutory filing requirements, this date will not be list 'State's records.
TICLE V: Effective date, if other than the date of an effective date is listed, the date must be specidate of filing.) te: If the date inserted in this block does not mendocument's effective date on the Department of TICLE VI: Other provisions, if any. REOUIRED SIGNATURE:	ific and cannot be more than five business days prior to or 90 days et the applicable statutory filing requirements, this date will not be list State's records.
TICLE V: Effective date, if other than the date of an effective date is listed, the date must be specidate of filing.) te: If the date inserted in this block does not med document's effective date on the Department of TICLE VI: Other provisions, if any. REOURED SIGNATURE: Signature of a mem This document is executed I am aware that any false in	ific and cannot be more than five business days prior to or 90 days et the applicable statutory filing requirements, this date will not be list State's records.

Page 2 of 2

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)