

L15000183333

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

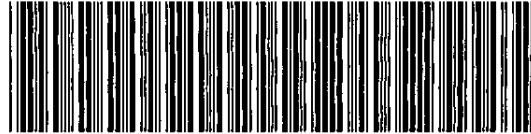
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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15 OCT 23 PM 3:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10/29/15

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NMB ASSIST, LLC
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:

Stephanie Brown
Name of Person

Firm/Company

P.O. Box 5305
Address

LIGHT HOUSE POINTE, FL 33074
City/State and Zip Code

SMACK 0407@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Stephanie W. at (954) 798-5044
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
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

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15 OCT 23 PM 3:58
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

15 OCT 23 AM 10:20

October 5, 2015

STEPHANIE BROWN
POST OFFICE BOX 5305
LIGHT HOUSE POINTE, FL 33074

SUBJECT: NMB ASSIST, LLC
Ref. Number: W15000058054

We have received your document for NMB ASSIST, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

Please list the city name in its entirety abbreviation is not acceptable.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

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: 115A00021012

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DIVISION OF STATE
CORPORATIONS
FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 14, 2015

STEPHANIE BROWN
POST OFFICE BOX 5305
LIGHT HOUSE POINTE, FL 33074

SUBJECT: NMB ASSIST, LLC
Ref. Number: W15000058054

RECEIVED
15 SEP 24 AM 9:34
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

We have received your document for NMB ASSIST, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

Please list the city name in its entirety abbreviation is not acceptable.

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: 015A00019346

FILED
15 OCT 23 PM 3:58
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 1, 2015

STEPHANIE BROWN
POST OFFICE BOX 5305
LIGHT HOUSE POINTE, FL 33074

RECEIVED SEP 10 2015

SUBJECT: NMB ASSIST, LLC
Ref. Number: W15000058054

We have received your document for NMB ASSIST, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Florida Statutes require an entity to designate a street address for its principal office address. A post office box is not acceptable for the principal office address. The entity may, however, designate a separate mailing address. The mailing address may be a post office box.

Please list the city name in its entirety abbreviation is not acceptable.

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: 315A00018464

FILED
15 OCT 23 PM 3:58
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

NMB Assist, LLC

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

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15 OCT 23 PM 3:58

SECRETARY 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:

4011 NE 6th Avenue, Pompano Beach
Florida, 33064

Mailing Address:

P.O. Box 5305 Light House Point, Florida 33074

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:

CATHY SMITH

Name

4011 NE 6th Avenue

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

Pompano Beach Florida 33064

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..

Cathy Smith

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/MGR

AMBR

AMBR/MGR

AMBR

Name and Address:

Stephanie Brown

4011 NE 10th Ave

Pompano Beach Florida 33064

Andrew Brown

4011 NE 10th Ave

Pompano Beach, Florida 33064

Cathy Smith

4011 NE 10th Ave

Pompano Beach Florida 33064

Niyila Hall Brown

4011 NE 10th Ave

Pompano Beach Florida 33064

(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:

Cathy Smith

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

Cathy Smith

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)

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TALLAHASSEE, FLORIDA
DEPARTMENT OF STATE