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CLARA GIRALDO, P.A.

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Florida Department of State  
Division of Corporations  
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**FLORIDA LIMITED LIABILITY CO.  
NUB JOINT VENTURE, LLC**

Certificate of Status	1
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CLARA GIRALDO P.A

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November 24, 2015

CLARA GIRALDO, P.A.

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

SUBJECT: NUB JOINT VENTURE, LLC  
REF: W15000076554

RECEIVED  
15 NOV 24 PM 4:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

The last page of the document is not legible.

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) 245-6032.

Valerie Herring  
Regulatory Specialist II  
New Filing Section

FAX Aud. #: H15000278926  
Letter Number: 615A00024710

P.O BOX 6327 - Tallahassee, Florida 32314

(H150002789263)

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY  
OF**

**NUB JOINT VENTURE, LLC**

**ARTICLE I - NAME**

The name of the Limited Liability Company is:

**NUB JOINT VENTURE, LLC**

**ARTICLE II - ADDRESS**

The principal office of the Limited Liability Company is:

**3209 69<sup>TH</sup> ST WEST  
BRADENTON, FL 34209**

The mailing address shall be:

**3209 69<sup>TH</sup> ST WEST  
BRADENTON, FL 34209**

**ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED  
AGENT'S SIGNATURE:**

The name and the Florida street address of the registered agent are:

**SEBASTIAN ABADIA**

**3209 69<sup>TH</sup> ST WEST  
Florida street address ( P.O.BOX NOT acceptable)  
BRADENTON, FL 34209  
City, State, and Zip**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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(4150002789263)

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

## ARTICLE IV- MANAGEMENT

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

SEBASTIAN ABADIA  
3209 69<sup>TH</sup> ST WEST  
BRADENTON, FL 34209

MANAGER

KENNY PRADO GOMEZ  
3209 69<sup>TH</sup> ST WEST  
BRADENTON, FL 34209

MANAGER

DIANA CAROLINA ORDOÑEZ  
3209 69<sup>TH</sup> ST WEST  
BRADENTON, FL 34209

MANAGER

(An additional article must be added if an effective date is requested)



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.)

**SEBASTIAN ABADIA**  
Typed or printed name of signee

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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