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(Address)
(Address)
(City/State/Zip/Phone #)
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(Document Number)
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THE HASSEE, FLORIDA

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COVER LETTER

10:	Division of Corporations
SUBJE	NOMAD MOTORCYCLE BAR LLC.
SUDJE	Name of Limited Liability Company
The end	losed Articles of Organization and fee(s) are submitted for filing.
Please r	eturn all correspondence concerning this matter to the following:
	DANIEL A. HERRERA
	Name of Person
	NOMAD MOTORCYCLE BAR LLC
	Firm/Company
	5165NE 2ND CT SUITE#4
	Address
	MIAMI, FLORIDA 33137
	City/State and Zip Code GITANOHERRERA@GMAIL.COM
	E-mail address: (to be used for future annual report notification)
For furth	er information concerning this matter, please call:
	DANIEL A. HERRERA 626 2343185
	Name of Person Area Code Daytime Telephone Number
Enclose	d is a check for the following amount:
] \$125.0	Filing Fee \$\ \text{S130.00 Filing Fee & Certificate of Status} \ \text{Certified Copy (additional copy is enclosed)} \ \text{S160.00 Filing Fee. Certified Copy (additional copy is enclosed)} \ \text{Certified Copy (additional copy is enclosed)} \ Certified
	Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301



November 3, 2015

DANIEL A. HERRERA 5165 NE 2ND CT SUITE #4 MIAMI, FL 33137

SUBJECT: NOMAD MOTORCYCLE BAR

Ref. Number: W15000072466

We have received your document for NOMAD MOTORCYCLE BAR and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.", also are no longer acceptable. Please amend your document accordingly.

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: 015A00023270



December 3, 2015

DANIEL A. HERRERA 5165 NE 2ND CT SUITE #4 MIAMI, FL 33137

SUBJECT: NOMAD MOTORCYCLE BAR LLC

Ref. Number: W15000072466

We have received your document for NOMAD MOTORCYCLE BAR LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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: 715A00025367

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:				
The name of the Limited Liability	Company is:			; ç
-				
VOLUE - COMORGE				<u> </u>
NOMAD MOTORCY				
(Must end v	with the words "Limited	Liability Company, "	L.L.C.," or "LLC.")	(TS)
ARTICLE II - Address:				51 13
The mailing address and street ad	dress of the principal o	ffice of the Limited Li	ability Company is:	
	, ,		, , ,	= 등급 :
<u>Principa</u>	l Office Address:		Mailing Address:	~,>
5165 NF 2ND CT AP	T 4 MIAMI, FL 33137	5165 N	E 2ND CT APT 4 MIAMI, FL	33135
5105 NE 2110 C171	1 7 1/11/11/11,1 12 33137	51051	B 211 D 01 / 11 1 / 11 1 / 11 1 / 11	00101
	<u> </u>			
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an ac	cannot serve as its own	Registered Agent. Yo		OF
The name and the Florida street a	ddress of the registered	agent are:		
		.		
	DANIEL HERRERA	<u> </u>		
		Name		
	143NE 43RD STREI	ET SUITE# 8		
	Florida street addres	s (P.O. Box NOT acce	eptable)	
	MIAMI	FLORIDA	33137	
	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..

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

<u> Citle:</u>	Name and Address:	
'AMBR" = Authorized Member		
'MGR" = Manager		
MGR	DANIEL A. HERRERA	
	143NE 43RD ST SUITE#8 MIAMI, FL 33137	<u> </u>
		~ _
AMBR	GABRIEL H. LIBERATORI	<u> </u>
	5165NE 2ND CT SUITE#4	드닝
,	MIAMI, FLORIDA 33137	
		~~
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Page 2 of 2