

L/6000068037

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

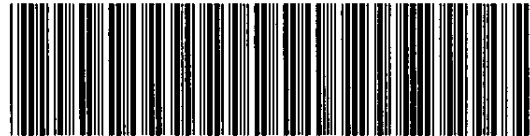
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Certificates of Status ☒

Special Instructions to Filing Officer:

Office Use Only

W16-21043



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16 APR - 6 PM 12:39

APR 07 2016  
S. GILBERT



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 21, 2016

WILSON COLLAZOS  
1436 WHITEPINE DRIVE  
WELLINGTON, FL 33414

SUBJECT: NEXUS REAL ESTATE ASSOCIATES LLC  
Ref. Number: W16000021043

We have received your document for NEXUS REAL ESTATE ASSOCIATES 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 registered agent must sign accepting the designation.

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.

Sylvia Gilbert  
Regulatory Specialist II  
New Filing Section

Letter Number: 216A00005763

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** NEXUS REAL ESTATE ASSOCIATES 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:

WILSON COLLAZOS

\_\_\_\_\_  
Name of Person

NEXUS REAL ESTATE ASSOCIATES LLC.

\_\_\_\_\_  
Firm/Company

1436 WHITEPINE DRIVE

\_\_\_\_\_  
Address

WELLINGTON, FLORIDA 33414

\_\_\_\_\_  
City/State and Zip Code

RENTALTEAM@LIVE.COM

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

WILSON COLLAZOS

561

932-7368

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

NEXUS REAL ESTATE ASSOCIATES LLC.

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

16 APR -6 PM 12:40

FILE  
FLORIDA

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

1436 WHITEPINE DRIVE  
WELLINGTON, FLORIDA 33414

Mailing Address:

1436 WHITEPINE DRIVE  
WELLINGTON, FLORIDA 33414

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:

WILSON COLLAZOS

Name

1436 WHITEPINE DRIVE, WELLINGTON, FLORIDA 33414

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

WELLINGTON, FLORIDA 33414

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.*

*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.*

WILSON COLLAZOS

Registered Agent's Signature

(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

MGR

**Name and Address:**

WILSON COLLAZOS

1436 WHITEPINE DRIVE

WELLINGTON, FLORIDA 33414

AMBR

WILSON COLLAZOS

1436 WHITEPINE DRIVE

WELLINGTON, FLORIDA 33414

(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.

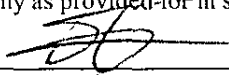
**ARTICLE VI:** Other provisions, if any.

**REQUIRED SIGNATURE:**

WILSON COLLAZOS

**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.

  
\_\_\_\_\_  
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)