

**Electronic Articles of Organization
For
Florida Limited Liability Company**

**L16000070767
FILED 8:00 AM
April 11, 2016
Sec. Of State
tbrown**

Article I

The name of the Limited Liability Company is:

NICKI RAE ENTERPRISES LLC

Article II

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

3736 METRO PARKWAY
1112
FORT MYERS, FL. 33916

The mailing address of the Limited Liability Company is:

P.O. BOX 61892
FORT MYERS, FL. 33906

Article III

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

RAMON ALMENGO
12620 2ND ST
FORT MYERS, FL. 33905

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.

Registered Agent Signature: RAMON ALMENGO

Article IV

The name and address of person(s) authorized to manage LLC:

Title: AMBR
CAROL D GARCIA
3736 METRO PKWY #1112
FORT MYERS, FL. 33916

Title: AMBR
CHERIE A ROBERTSON
5509 PEBBLE LANE
NORFOLK, VA. 23502

Title: AMBR
CIARA N LEON
3736 METRO PKWY #1112
FORT MYERS, FL. 33916

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Article V

The effective date for this Limited Liability Company shall be:

04/08/2016

Signature of member or an authorized representative

Electronic Signature: CAROL DENISE GARCIA

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.