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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

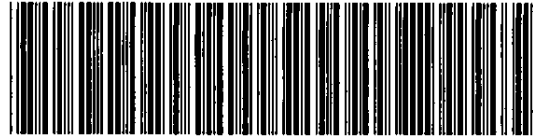
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

W16-32254

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 2, 2016

LAW OFFICES OF SAGRE LAW FIRM, P.A.
5201 BLUE LAGOON DRIVE, 8TH FLOOR
MIAMI, FL 33126

SUBJECT: NAKASO, LLC
Ref. Number: W16000032254

We have received your document for NAKASO, 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 document must be signed by a member or an authorized representative of a member.

The document must contain the entity's complete mailing address.

Please return 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.

Matthew T Moon
Regulatory Specialist II

Letter Number: 616A00009074

TELEPHONE (305) 266-5999
FACSIMILE (305) 265-6223
WWW.SAGRELAWFIRM.COM

LAW OFFICES OF
SAGRE LAW FIRM, P.A.

5201 BLUE LAGOON DRIVE
8TH FLOOR
MIAMI, FLORIDA 33126

April 21, 2016

Via Next Day US Mail Delivery
Department of State
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, FL 32314

Re: NAKASO, LLC

Dear Sir or Madam:

Please find the enclosed fully executed original and one copy of the Articles of Organization for NAKASO, LLC.

Also, please find the enclosed check for \$130.00 representing the applicable filing fees including the Certificate of Status fees.

Please return a copy of the Articles of Organization marked "Filed" to my office at your earliest convenience.

Thank you for your kind attention.

Sincerely,



Ariel Sagre, Esq.

AS
Enclosures
cc: Client.

ARTICLES OF ORGANIZATION

FOR

FLORIDA LIMITED LIABILITY COMPANY

The undersigned hereby adopts the following Articles of Organization:

I. NAME

The name of the Limited Liability Company is:

NAKASO, LLC

II. ADDRESS OF PRINCIPAL OFFICE

The address of the principal office of the Limited Liability Company is 1200 S.W. 62nd Avenue, West Miami, Florida 33144.

III. PURPOSE

The purpose for which this Limited Liability Company is organized is for any and all lawful business.

IV. MEMBERS

The name and address of managing members/managers are:

Title: Manager

Name: Diana Xiques Saludes

Address: 1200 S.W. 62nd Avenue, West Miami, Florida 33144

V. TERM OF EXISTENCE

The Limited Liability Company shall have perpetual existence.

SECRETARY OF STATE
TALLAHASSEE FLORIDA
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VI. REGISTERED AGENT

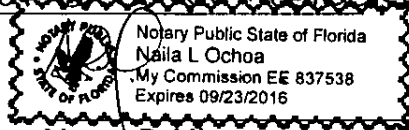
The registered agent upon whom service of process against this Limited Liability Company may be had is Diana Xiques Saludes. The registered agent and the Limited Liability Company's registered office is located at 1200 S.W. 62nd Avenue, West Miami, Florida 33144.

IN WITNESS WHEREOF, the undersigned has hereunto set her hand and seal, acknowledged and filed the foregoing Articles of Organization under the laws of the State of Florida, on this 21st day of April, 2016.


DIANA XIQUES SALUDES

STATE OF FLORIDA
COUNTY OF MIAMI-DADE

The foregoing instrument was acknowledged before me this 21 day of April, 2016 by Diana Xiques Saludes who produced ~~Florida Driver License~~ as identification.



Notary Public
09/23/2016
Printed Notary Signature
My commission expires:

CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN THIS STATE, NAMING AGENT UPON WHOM PROCESS MAY BE SERVED

In pursuance of Chapter 48.091, Florida Statutes, the following is submitted, in compliance with said Act: **NAKASO, LLC** desiring to organize under the laws of the State of Florida, with its principal office, as indicated in the Article of Organization, at Miami, County of Miami-Dade, State of Florida, has named Diana Xiques Saludes as its agent to accept service within this State.

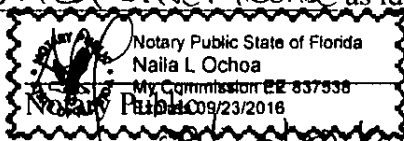
ACKNOWLEDGMENT BY DESIGNATED AGENT

Having been named to accept service of process for the above at place designated in this certificate, I hereby accept to act in this capacity, and agree to comply with the provision of said Act relative to keeping open said office.


DIANA XIQUES SALUDES

STATE OF FLORIDA
COUNTY OF MIAMI-DADE

The foregoing instrument was acknowledged before me this 21 day of April, 2016 by Diana Xiques Saludes who produced Florida driver license as identification



Printed Notary Signature
My commission expires:

SECRETARY OF STATE
TALLAHASSEE FLORIDA
16 APR 25 PM 3:11