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## FLORIDA DEPARTMENT OF STATE Division of Corporations

May 10, 2016

ROBERT NOVAS 1340 S.W. 130 AVE. MIAMI, FL 33184

SUBJECT: NOVAS FINANCIAL GROUP, LLC

Ref. Number: W16000034047

We have received your document for NOVAS FINANCIAL GROUP, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is P13000063097.

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.

Thomas Chang Regulatory Specialist II New Filing Section

Letter Number: 816A00009824

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:	
Novas Financial Group, LLC. MANAGE (Must end with the words "Limited Liab)	Ity Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of	of the Limited Liability Company is:
Principal Office Address:	Malling Address:
1340 SW 130 Ave	1340 SW 130 Ave.
Miami, Florida 33184	Miami, Fl. 33184
ARTICLE III - Registered Agent, Registered Office, & Registered Liability Company cannot serve as its own Registanother business entity with an active Florida registration.)  The name and the Florida street address of the registered agent	tered Agent. You must designate an individual or

Sonia Novas

1340 SW 130 Ave Florida street address (P.O. Box NOT acceptable) Miami 33184 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 l am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

Name

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

,,	<b>litle:</b> AMBR" = Authorized Memb	Name and Address:
		er en
	MGR" = Manager Sonia Novas, MGR	1340 SW 130 Ave
	Joina Hotas, Mon	Miami, Fl. 33184
ĭ	Robert Novas, MGR	1340 SW 130 Ave
<b>.</b>	tobolt moras, mor	Miami, Fl. 33184
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	Use attachment if necessary)	
ARTICLE (If an effect the date of <u>Note:</u> If t	V: Effective date, if other the ctive date is listed, the date if filing.) he date inserted in this block	an the date of filing: 05/15/2016 (OPTIONAL) nust be specific and cannot be more than five business days prior to or 90 days after does not meet the applicable statutory filing requirements, this date will not be listed
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ARTICLE (If an effect the date of Note: If the the docum	V: Effective date, if other the ctive date is listed, the date is filing.) he date inserted in this block tent's effective date on the D VI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature  This document I am aware the	does not meet the applicable statutory filing requirements, this date will not be listed epartment of State's records.
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The name and address of each person authorized to manage and control the Limited Liability Company:

.. ARTICLE IV-

Page 2 of 2

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)

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