## L/6000/28999

(Re	questor's Name)	
	,	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	Certificate	s of Status
	_	
Special Instructions to	Filing Officer:	

Office Use Only



500287428855

07/05/16--01033--012 \*\*160.00

SELVACEUCE C NOTES

07/14/16

## **COVER LETTER**

TO:

**Registration Section** 

Divi	sion of Corporations	
SUBJECT:	NSF Sunshine Enterp	orises, LLC
SOBSECT.	Name of Li	mited Liability Company
The enclosed	Articles of Organization and fee(s) a	are submitted for filing.
Please return	all correspondence concerning this r	natter to the following:
	Nelson St. Fleur	
_		Name of Person
	NSF Sunshine Enterprise	es, LLC
		Firm/Company
	38 NW 109th St.	
		Address
	Miami Shores, FL 3316	8
_		City/State and Zip Code
nels	onstfleur@yahoo.com	
	E-mail address: (to be use	ed for future annual report notification)
For further in	formation concerning this matter, ple	ease call:
Nelson S	t. Fleur	754 423-0644
	Name of Person	Area Code Daytime Telephone Number
Enclosed is a	check for the following amount:	
□ \$125.00 Filin	g 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 Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clitton Building 2661 Executive Center Circle

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company	is:
NSF Sunshine Enterprises, LL	.C
(Must end with the word	ds "Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the	principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
38 NW 109th St	38 NW 109th St
Miami Shores, FL 33168	Miami Shores, FL 33168

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:

ARTICLE 1 - Name:

Nelson St. Fleur	
Na	ame
38 NW 109th St.	
Florida street address (P.O.	Box NOT acceptable)
Miami Shores	FL 33168
City	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.

Registered Agent' Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

<u> </u>	Name and Address:
AMBR'' = Authorized Membe	
MGR" = Manager	Nelson St. Fleur
MBR	38 NW 109th St
	Miami Shores, FL 33168
Jse attachment if necessary)	
tive date is listed, the date m	the date of filing: (OPTIONAL) ust be specific and cannot be more than five business days prior to or 90
	the date of filing:
tive date is listed, the date m filing.)	
tive date is listed, the date mifiling.)  VI: Other provisions, if any.	
tive date is listed, the date mifiling.)  VI: Other provisions, if any.	
tive date is listed, the date mifiling.)  VI: Other provisions, if any.	
tive date is listed, the date mifiling.)  VI: Other provisions, if any.  EQUIRED SIGNATURE:	ist be specific and cannot be more than five business days prior to or 90
tive date is listed, the date mufiling.)  VI: Other provisions, if any.  EQUIRED SIGNATURE:  Signature.  (In accordance with s	e of a member or an authorized representative of a member.
tive date is listed, the date mufiling.)  VI: Other provisions, if any.  EQUIRED SIGNATURE:  Signatur.  (In accordance with sometimes an affirmal	e of a member or an authorized representative of a member. ection (605.0203.41) (b), Florida Statutes, the execution of this document tion under the penalties of perjury that the facts stated herein are true.
tive date is listed, the date mufiling.)  VI: Other provisions, if any.  EQUIRED SIGNATURE:  Signature  (In accordance with seconstitutes an affirmal I am aware that any firmal I am aware that I aware	e of a member or an authorized representative of a member. ection 605.0203 (1) (b), Florida Statutes, the execution of this document tion under the penalties of perjury that the facts stated herein are true. else information submitted in a document to the Department of State
tive date is listed, the date mufiling.)  VI: Other provisions, if any.  EQUIRED SIGNATURE:  Signature  (In accordance with seconstitutes an affirmal I am aware that any faconstitutes a third degrees.)	e of a member or an authorized representative of a member. ection (605.0203 (1) (b), Florida Statutes, the execution of this document tion under the penalties of perjury that the facts stated herein are true. the information submitted in a document to the Department of State ree felony as provided for in s.817.155, F.S.)
tive date is listed, the date mufiling.)  VI: Other provisions, if any.  EQUIRED SIGNATURE:  Signature  (In accordance with seconstitutes an affirmal I am aware that any faconstitutes a third degrees.)	e of a member or an authorized representative of a member. ection (605.0202.41) (b), Florida Statutes, the execution of this document tion under the penalties of perjury that the facts stated herein are true. the information submitted in a document to the Department of State ree felony as provided for in s.817.155, F.S.)  In St. Fleur
tive date is listed, the date mifiling.)  VI: Other provisions, if any.  EQUIRED SIGNATURE:  Signatur.  (In accordance with s constitutes an affirma I am aware that any faconstitutes a third degree in the signature of the signa	e of a member or an authorized representative of a member. ection (605.0203 (1) (b), Florida Statutes, the execution of this document tion under the penalties of perjury that the facts stated herein are true, also information submitted in a document to the Department of State ree felony as provided for in s.817.155, F.S.)
tive date is listed, the date mifiling.)  VI: Other provisions, if any.  EQUIRED SIGNATURE:  Signature  (In accordance with seconstitutes an affirmal I am aware that any faconstitutes a third deginal Nelsco	e of a member or an authorized representative of a member. ection 605.0203 (1) (b), Florida Statutes, the execution of this document tion under the penalties of perjury that the facts stated herein are true. the information submitted in a document to the Department of State ree felony as provided for in s.817.155, F.S.)  In St. Fleur  Typed or printed name of signee  Filing Fees:
tive date is listed, the date mifiling.)  VI: Other provisions, if any.  EQUIRED SIGNATURE:  Signature  (In accordance with seconstitutes an affirmal I am aware that any faconstitutes a third deginal Nelsco	e of a member or an authorized representative of a member. ection 605.0203 (1) (b), Florida Statutes, the execution of this document tion under the penalties of perjury that the facts stated herein are true. the information submitted in a document to the Department of State ree felony as provided for in s.817.155, F.S.)  In St. Fleur  Typed or printed name of signee  Filing Fees: es of Organization and Designation of Registered Agent

ARTICLE IV-

Page 2 of 2