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SECRETARY OF STATE

× 08/22/16

COVER LETTER

TO: Registration Section Division of Corporations SUBJECT: Nasha Branding Concepts 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: Name of Person Nasha Branding Concepts Firm/Company Cost N. 9th Street Address Tampa F1 33604 City/State and Zip Code + ashan 3 09 mail , com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Name of Person Area Code Daytime Telephone Number
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Natasha N. Corral Name of Person
Enclosed is a check for the following amount:
\$130.00 Filing Fee & \$155.00 Filing Fee & Certificate of Status (additional copy is enclosed) \$160.00 Filing Fee, Certified Copy (additional copy is enclosed)
Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Boy 6327Clifton Building

P.O. Box 6327 Tallahassee, FL 32314 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A	RT	CI	E I	T _ 3	Na	ma
А	JK III	ILL	Æ.	I - i	RF	me:

The name of the Limited Liability Company is:

Nasha Branding Concepts LCC
(Must end with the words "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:	<u>Mailing Address</u> :
6205 N. 9m Street	6205 N. 9 h street
Tamper FL 33604	19mpa Fz 33604

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:

Natasha N. Corral

Name

6205 N. 9 5t.

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

Tampa F2 33604

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 pastion as registered agent as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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SEGRETARY OF STATE SIVISION OF CORPORATIONS

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:	
(Use attachment if necessary)		
TCLE V: Effective date, if other than the date of filing	g:(OPTIONAL)	
n effective date is listed, the date must be specific ar late of filing.)	applicable statutory filing requirements, this date will not	•
n effective date is listed, the date must be specific and late of filing.) e: If the date inserted in this block does not meet the	applicable statutory filing requirements, this date will not	•
n effective date is listed, the date must be specific and late of filing.) e: If the date inserted in this block does not meet the document's effective date on the Department of State	applicable statutory filing requirements, this date will not	•
reffective date is listed, the date must be specific and late of filing.) E: If the date inserted in this block does not meet the document's effective date on the Department of State CICLE VI: Other provisions, if any. REQUIRED SIGNATURE Signature of a member of This document is executed in an I am aware that any false inform	applicable statutory filing requirements, this date will not	•

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)

ARTICLE IV-

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