

9/12/2016

From A.A. ALI, CPA 1.407.298.0660 Wed Sep 14 10:35:16 2016 MDT Page 2 of 4

Division of Corporations

Florida Department of State

Division of Corporations  
Electronic Filing Cover Sheet

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FLORIDA LIMITED LIABILITY CO.  
NESSA GROUP LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

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16 SEP 14 PM 1:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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Corporate Filing Menu

Help

NO  
9/13/16

\* PLEASE SEE THE CORRECTED ARTICLES  
ATTACHED \*



September 13, 2016

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

A.A.ALI, CPA

SUBJECT: NESSA GROUP LLC  
REF: W16000063270

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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.

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If you have any questions concerning the filing of your document, please call (850) 245-6052.

DANIEL L O'KEEFE  
Regulatory Specialist II

FAX Aud. #: H16000225919  
Letter Number: 716A00019492

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

**THE NESSA GROUP G1, LLC**

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

### ARTICLE II - Address:

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

PHYSICAL ADDRESS

**304 N. MAIN ST.  
BUSHNELL, FL 33513**

MAILING ADDRESS

**122 E. NOBLE AVE.  
BUSHNELL, FL 33513**

### 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:

**MD HOSSAIN  
304 N. MAIN ST.  
BUSHNELL, FL 33513**

*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..*

*MD HOSSAIN*

MD HOSSAIN/ Registered Agent's Signature

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TALLAHASSEE, FLORIDA

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**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

"MGR" = Manager

"MGRM" = Managing Member

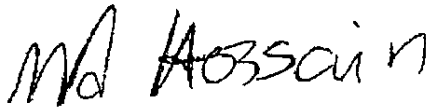
**MD HOSSAIN - AMBR/ MGR**  
**304 N. MAIN ST.**  
**BUSHNELL, FL 33513**

**MOHAMMED KADER - AMBR/ MGR**  
**304 N. MAIN ST.**  
**BUSHNELL, FL 33513**

**ARTICLE V: Effective date, if other than the date of filing: 09/12/2016**

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**REQUIRED SIGNATURE:**



Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any 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. )

**MD HOSSAIN**

Typed or printed name of signee

SECRETARY OF STATE  
TAMM ALIASSEE, FLORIDA

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