L16000211989

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
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(Do	cument Number)	
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W16-074610

N 11/22/16



November 3, 2016

CLIFFORD A. JOSEPH 7330 EXETER WAY TAMPA, FL 33615

SUBJECT: NEXUS L.L.C. Ref. Number: W16000074610

We have received your document for NEXUS L.L.C. and your check(s) totaling \$160.00. 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 L06000004181.

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

(C

Letter Number: 316A00023677

COVER LETTER

	istration Section ision of Corporations		
SUBJECT:	Nexus	NXS	
Sebule1.	Name of Li	mited Liability Company	
The enclosed	Articles of Organization and fee(s) a	re submitted for filing.	
Please return	all correspondence concerning this m	natter to the following:	
_	Cliftond A	nthony Joseph Name of Person	
_		Firm/Company	
-	7330 Ex	ter Wax Address	
_		33615	
	•	City/State and Zip Code	
_	E-mail address: (to be use	d for future annual report notification	on)
For further inf	formation concerning this matter, please	se call:	
<u> </u>	Name of Person	913 , 833-190	7
	Name of Person	Area Code Daytime Telephone	Number
Enclosed is a	check for the following amount:		
\$125.00 Fili	ng 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	Street Address	
	New Filing Section Division of Corporations	New Filing Section Division of Corporation	ons
	P.O. Box 6327	Clifton Building	
	Tallahassee, FL 32314	2661 Executive Center	r Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Nexus NXS L.L.	C
(Must end with the words "Limited Liabilit	y Company, "L.L.C.," or "LLC.")
he mailing address and street address of the principal office of	, , ,
ARTICLE II - Address: The mailing address and street address of the principal office of the mailing address and street address of the principal office of the mailing address and street address of the principal office of the mailing address. Principal Office Address: 7330 Exter Way Tampa, FL 33615	he Limited Liability Company is: Mailing Address: 730 Exter Way Tampa, 6L 33613

The name and the Florida street address of the registered agent are:

another business entity with an active Florida registration.)

Clifford Anthony Joseph
Name

7330 Exter Way

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

Tampa FL 33615

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's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

100 MUADI DN 00 12

"AMBR" = Authorized M	Name and Address:
"MGR" = Manager	Clifford Anthony Joseph
	7330 Exter Val Tampa, FL 33615
AMBR	Clifford Anthony Joseph
	Tampa, FL 33615
_ ANBR	Clifford Anthony Joseph
	Tampa, FL 23615
AMBR	Clifford Anthony Joseph
	Tanga FL 33615
(Use attachment if necessa	ary)
	er than the date of filing: (OPTIONAL)
(If an effective date is listed, the da	ate must be specific and cannot be more than five business days prior to or 90 days aft
Note: If the date inserted in this bl	ock does not meet the applicable statutory filing requirements, this date will not be listed
Note: If the date inserted in this bl	
the date of filing.) Note: If the date inserted in this bl the document's effective date on th ARTICLE VI: Other provisions, if a	e Department of State's records.
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Note: If the date inserted in this bl the document's effective date on th ARTICLE VI: Other provisions, if a REQUIRED SIGNATUR Sign This document is a many and a m	any.
Note: If the date inserted in this bithe document's effective date on the ARTICLE VI: Other provisions, if a REQUIRED SIGNATURE Signature This document is a may a constitute.	RE: mature of a member or an authorized representative of a member. ment is executed in accordance with section 605.0203 (1) (b), Florida Statutes. ment any false information submitted in a document to the Department of State

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)