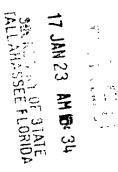
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| (Re | questor's Name) | |
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| (Cit | ry/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nan | ne) |
| (Do | ocument Number) | <u>. </u> |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only

yn 1/24/17

COVER LETTER

| | Registration Section Division of Corporations | |
|-------------|---|---|
| SUBJECT | ROGER FRANCISCO NUNEZ ASSOCIA | ATES, LLC. |
| SUBJEC | | Liability Company |
| The enclo | osed Articles of Organization and fee(s) are sub | mitted for filing. |
| Please retu | turn all correspondence concerning this matter | to the following: |
| | ROGER FRANCISCO NUNEZ | |
| | Na | ame of Person |
| | ROGER FRANCISCO NUNEZ ASSOCIA | TES, LLC. |
| | F | rm/Company |
| | 8913 NW 28 DR APT B | |
| | | Address |
| | CORAL SPRINGS, FL 33065 | |
| | City/S rogernunez@gmail.com | tate and Zip Code |
| | E-mail address: (to be used for f | uture annual report notification) |
| For further | r information concerning this matter, please call | : |
| | ROGER FRANCISCO NUNEZ 954 | 695-8936 |
| | Name of Person Area C | Ode Daytime Telephone Number |
| Enclosed | l is a check for the following amount: | |
| \$125.00 F | Certificate of Status | S155.00 Filing Fee & S160.00 Filing Fee, Certified Copy Iditional copy is enclosed) S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| | Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Street Address New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| | st end with the words. Littlited Li | ability Company, "I | L.L.C.," or "LLC.") |
|---|--|--|----------------------------------|
| LE II - Address: | | | |
| ling address and s | treet address of the principal offic | ce of the Limited Liz | ability Company is: |
| <u>P</u> | rincipal Office Address: | | Mailing Address: |
| 8913 NW 28 D | OR APT B | 8913 N | W 28 DR APT B |
| CODAL SDDD | NGS, FL 33065 | CORAI | SPRINGS, FL 33065 |
| LE III - Register nited Liability Co business entity wi | ed Agent, Registered Office, & mpany cannot serve as its own Reith an active Florida registration.) | egistered Agent. You | |
| LE III - Registerented Liability Cobusiness entity wi | ed Agent, Registered Office, & mpany cannot serve as its own Reith an active Florida registration.) | egistered Agent. You gent are: | |
| LE III - Registerented Liability Cobusiness entity wi | ed Agent, Registered Office, & mpany cannot serve as its own Reith an active Florida registration.) street address of the registered ag | egistered Agent. You gent are: | |
| LE III - Registerented Liability Cobusiness entity wi | ed Agent, Registered Office, & mpany cannot serve as its own Reith an active Florida registration.) street address of the registered ag | egistered Agent. You gent are: NUNEZ lame | |
| LE III - Registerented Liability Cobusiness entity wi | ed Agent, Registered Office, & mpany cannot serve as its own Reith an active Florida registration.) street address of the registered agency ROGER FRANCISCO | egistered Agent. You gent are: NUNEZ lame | u must designate an individual o |
| LE III - Register mited Liability Co business entity wi | ed Agent, Registered Office, & mpany cannot serve as its own Reith an active Florida registration.) street address of the registered age ROGER FRANCISCO N 8913 NW 28 DR APT E | egistered Agent. You gent are: NUNEZ lame | u must designate an individual o |

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

| Title: | Name and Address: |
|--|--|
| "AMBR" = Authorized Member | |
| "MGR" = Manager | BOOTE ED ANGIOCO MUNICA |
| AMBR | ROGER FRANCISCO NUNEZ |
| | 8913 NW 28 DR APT B |
| | CORAL SPRINGS, FL 33065 |
| MGR | ROGER FRANCISCO NUNEZ |
| | 8913 NW 28 DR APT B |
| | CORAL SPRINGS, FL 33065 |
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| (Use attachment if necessary) (CLE V: Effective date, if other than the | date of filing: 01-01-2017 . (OPTIONAL) |
| CLE V: Effective date, if other than the effective date is listed, the date must bate of filing.) If the date inserted in this block does rocument's effective date on the Department. | e specific and cannot be more than five business days prior to or 90 day not meet the applicable statutory filing requirements, this date will not be l |
| CLE V: Effective date, if other than the effective date is listed, the date must bate of filing.) If the date inserted in this block does rocument's effective date on the Department. | e specific and cannot be more than five business days prior to or 90 day not meet the applicable statutory filing requirements, this date will not be l |
| CLE V: Effective date, if other than the effective date is listed, the date must bate of filing.) If the date inserted in this block does rocument's effective date on the Department. | not meet the applicable statutory filing requirements, this date will not be learnt of State's records. |
| CLE V: Effective date, if other than the effective date is listed, the date must be ate of filing.) If the date inserted in this block does recument's effective date on the Department. | not meet the applicable statutory filing requirements, this date will not be learnt of State's records. |
| CLE V: Effective date, if other than the effective date is listed, the date must bute of filing.) If the date inserted in this block does recument's effective date on the Department of the De | not meet the applicable statutory filing requirements, this date will not be learnt of State's records. |
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| ICLE V: Effective date, if other than the n effective date is listed, the date must b ate of filing.) E: If the date inserted in this block does recomment's effective date on the Departm ICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a This document is exit am aware that any | not meet the applicable statutory filing requirements, this date will not be learn of State's records. |
| CLE V: Effective date, if other than the effective date is listed, the date must be ate of filing.) If the date inserted in this block does recument's effective date on the Departm ICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a This document is ex I am aware that any constitutes a third definition of the constitutes a third definition. | not meet the applicable statutory filing requirements, this date will not be learn of State's records. |

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-