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(Requestor's Name)
(Address)
(Address)
(National)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Dusiness Linky Harrie)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only

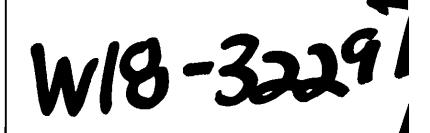


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18 MAY -4 PM 3: 39 SECRETARY OF STATE TALLAHASSEE, FLORID

D O'KEEFE MAY 1 6 2018





FLORIDA DEPARTMENT OF STATE Division of Corporations

April 26, 2018

JORGE L. PEREZ 2ND CORRECTION REQUEST NATIONS ENTERPRISES LLC P.O. BOX 133462 HIALEAH, FL 33013

SUBJECT: NATIONS ENTERPRISES LLC

Ref. Number: W18000032297

We have received your document for NATIONS ENTERPRISES LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

The titles you have listed for the individuals or business entities which will manage the limited liability company are not acceptable. We cannot accept the terms: partner, officer, owner or member. You must insert the letters "MGRM" for each individual or business entity that is a member and will serve in a managerial capacity. If the individual or business entity is not a member, but will serve in a managerial capacity, you must insert the letters "MGR." We will also accept "Authorized Representative", "Authorized Person", and "Authorized Member".

Please return 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.

DANIEL L O'KEEFE Regulatory Specialist II

Letter Number: 118A00008676

THANK YOU FOR YOUR ASSISTANCE IN THIS MATTER, SEE THE ATTACHED CORRECTED DOCUMENTS.

JORCE L POREZ

www.sunbiz.org

COVER LETTER

TO:	New Filing Section Division of Corporations					
CHELL	NATIONS ENTERPRISES LLC					
SUBJE	Name of Limited Liability Company					
The en	closed Articles of Organization and fee(s) are submitted for filing.					
Please	return all correspondence concerning this matter to the following:					
	JORGE L. PEREZ					
	Name of Person					
	NATIONS ENTERPRISES LLC					
	Firm/Company					
P.O. BOX 133462						
Address						
HIALEAH, FL 33013						
	City/State and Zip Code					
	nationsenterprises1995@gmail.com E-mail address: (to be used for future annual report notification)					
or furth	er information concerning this matter, please call:					
	JORGE L. PEREZ 305 970-7393					
	Name of Person Area Code Daytime Telephone Number					
Enclose	ed is a check for the following amount:					
\$ 125.0	0 Filing Fee \$\ \text{S130.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{\$\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)}					
	Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301					

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	NATIONS E	ENTERPRISES LE	LC
(Must contai	in the words "Limited L		
ARTICLE II - Address:			
he mailing address and street add	dress of the principal of	fice of the Limited	Liability Company is:
<u>Principa</u>	l Office Address:		Mailing Address:
1234 S. DIXIE HWY			
CLUTT 1102			D C 11 1 1 2 2 1 4 2
SUITE 1182		<u>P.O.</u>	BOX 133462
CORAL GABLES, FI ARTICLE III - Registered Ager The Limited Liability Company of	nt, Registered Office, & cannot serve as its own F	HIA Registered Agent. Registered Agent.	LEAH, FL 33013
CORAL GABLES, FI ARTICLE III - Registered Ager The Limited Liability Company on their business entity with an ac	nt, Registered Office, & cannot serve as its own F ctive Florida registration	HIA Registered Agent. Registered Agent.	LEAH, FL 33013 nt's Signature:
CORAL GABLES, FI ARTICLE III - Registered Ager The Limited Liability Company of	nt, Registered Office, & cannot serve as its own betive Florida registration ddress of the registered a	HIA Registered Agent. Registered Agent.	LEAH, FL 33013 nt's Signature:
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CORAL GABLES, FI ARTICLE III - Registered Ager The Limited Liability Company on their business entity with an ac	nt, Registered Office, & cannot serve as its own Ferive Florida registration ddress of the registered a	HIA Registered Agent. Registered Agent. agent are: GE L. PEREZ	LEAH, FL 33013 nt's Signature:
CORAL GABLES, FI ARTICLE III - Registered Ager The Limited Liability Company on their business entity with an ac	nt, Registered Office, & cannot serve as its own Ferive Florida registration ddress of the registered a	HIA Registered Agent. Registered Agent. agent are: GE L. PEREZ Name 1 NW 177 TERR.	LEAH, FL 33013 nt's Signature: You must designate an individual of
CORAL GABLES, FI ARTICLE III - Registered Ager The Limited Liability Company on their business entity with an ac	nt, Registered Office, & cannot serve as its own Exive Florida registration ddress of the registered at JORC	Registered Agent. Registered Agent. agent are: GE L. PEREZ Name 1 NW 177 TERR. (P.O. Box NOT a	LEAH, FL 33013 nt's Signature: You must designate an individual of

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)

18 MAY -4 PM 3: 40
SECRETARY OF STATE
TALL AHASSES ELOPINA

The name and address of each person authorized to manage and control the Limited Liability Company:

Title: "AMBR" = Authorized Member	Name and Address:	
"MGR" – Manager AMBR	JORGE L. PEREZ. 1234 S. DIXIE HWY, #1182 CORAL GABLES, FL 33143	<u> </u>
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(Use attachment if necessary)		
ate of filing.) If the date inserted in this block does not mocument's effective date on the Department of ICLE VI: Other provisions, if any.	neet the applicable statutory filing requirements, this date will of State's records.	I not be lis
REQUIRED SIGNATURE:		
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<u> </u>	[my A/2 UCL 1-308	
This document is execut I am aware that any false	ember of an authorized representative of a member, ted in accordance with section 605.0203 (1) (b). Florida Statut information submitted in a document to the Department of Statut felony as provided for in s.817.155, F.S.	
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This document is execut I am aware that any false	ember of an authorized representative of a member, ted in accordance with section 605.0203 (1) (b). Florida Status information submitted in a document to the Department of Status felony as provided for in s.817.155, F.S.	

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

as