

8/27/2018

Division of Corporations

Florida Department of State

CLARA GIRALDO E.A.

4080 SW 84 AVENUE SUITE C

MIAMI, FL 33155

TEL (305) 485-5400

Electronic Filing Cover Sheet

L1800025023204467

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H18000250232 3)))



H180002502323ABCX

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : CLARA GIRALDO, P.A.
Account Number : I19990000017
Phone : (305)485-9300
Fax Number : (305)485-1098

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

**FLORIDA LIMITED LIABILITY CO.
NALIPORT INSURANCE GROUP LLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

FILED
2018 AUG 27 AM 9:31
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

2018 AUG 27 AM 11:33

Electronic Filing Menu

Corporate Filing Menu

Help

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY
OF**

NALIORT INSURANCE GROUP, LLC

ARTICLE I - NAME

The name of the Limited Liability Company is:

NALIORT INSURANCE GROUP, LLC

ARTICLE II - ADDRESS

The principal office of the Limited Liability Company is:

**4314 SW 97 AVE
MIAMI, FL 33165**

The mailing address shall be:

**4314 SW 97 AVE
MIAMI, FL 33165**

**ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED
AGENT'S SIGNATURE:**

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

**NALIA PORTOMENE
4314 SW 97 AVE
MIAMI, FL 33165**

Florida Street address (P.O.BOX NOT acceptable)
MIAMI, FL 33165
City, State, and Zip

**CLARA GIRALDO E.A.
4080 SW 84 AVENUE SUITE C
MIAMI, FL 33155
PH.: (305) 485-9300**

FILED
2018 AUG 27 AM 9:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

ARTICLE IV- MANAGEMENT

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

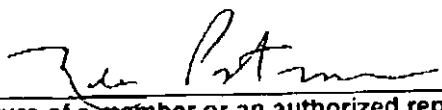
NALIA PORTEMENE
4314 SW 97 AVE
MIAMI, FL 33165

PRESIDENT

JESUS PORTOMENE
4314 SW 97 AVE
MIAMI, FL 33165

VICEPRESIDENT

(An additional article must be added if an effective date is requested)


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.)

NALIA PORTOMENE
Typed or printed name of signee

CLARA GIRALDO E.A.
4080 SW 84 AVENUE SUITE C
MIAMI, FL 33155
PH.: (305) 485-9300