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. (Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone #	f)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name)
(Do	cument Number)	
Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer:	

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COVER LETTER

	New Filing Section Division of Corporations
SUBJEC	NSJC Group LLC
SOBJEC	Name of Limited Liability Company
The encl	osed Articles of Organization and fee(s) are submitted for filing.
Please re	turn all correspondence concerning this matter to the following:
	Antonio J. Grau
	Name of Person
	· Firm/Company
	4550 NW 23rd Terrace
	Address
	Boca Raton, FL 33431
	City/State and Zip Code
	tony@graucpa.com
	E-mail address: (to be used for future annual report notification)
For further	information concerning this matter, please call:
	Antonio Grau 561 213-3947
	Name of Person Area Code Daytime Telephone Number
Enclosed	is a check for the following amount:
	Filing Fee S130.00 Filing Fee & S160.00 Filing Fee. Certificate of Status Certified Copy (additional 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

ARTICLE I - Name:						
The name of the Limited Liability	Company is:					
NSJC Group LLC						
	in the words "Limited	Liability Com	pany, "L.L.C.," or "LLC.")			
		•	,			
ARTICLE II - Address: The mailing address and street ad	druce of the principal	office of the Li	mitad Liability Commany is			
The maning address and street ad	uress of the principal (Mile of the Li	nitted Clabinty Company is.			
<u>Principa</u>	l Office Address:		Mailing Address:			
Antonio Grau			Antonio Grau			
4550 NW 23rd Terrac	e		4550 NW 23rd Terrace			
Boca Raton, FL 3343	<u></u> .		Boca Raton, FL 33431			
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an ac	cannot serve as its own	Registered A	Agent's Signature: gent. You must designate an individ	lual or	2018 OCT	
The name and the Florida street a	ddress of the registere	d agent are:		CRE	007	T
	Michelle Grau			32.5	76	
		Name		138 138		m
	4550 NW 23rd Terra	ace		7,4	呈	
	Florida street addres	ss (P.O. Box <u>N</u>	QT acceptable)	E 0845	9: 20	
	Boca Raton	FL	33431	海田	20	
	City	State	Zip			

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..

(CONTINUED)

ARTICLE IV-

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

	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	Antonio I Com
MGR	Antonio J Grau 4550 NW 23rd Terrace
	Boca Raton, FL 33431
	Boca Raton, PL 33431
MGR	Michelle Grau
	4550 NW 23rd Terrace
	Boca Raton, FL 33431
(Use attachment if necessary)	
LE V: Effective date, if other than the dat	te of filing: (OPTIONAL)
CLE V: Effective date, if other than the dat ffective date is listed, the date must be spe of filing.) If the date inserted in this block does not cument's effective date on the Departmen	meet the applicable statutory filing requirements, this date will not be list of State's records.
LE V: Effective date, if other than the dat ffective date is listed, the date must be see of filing.) If the date inserted in this block does not	pecific and cannot be more than five business days prior to or 90 days a meet the applicable statutory filing requirements, this date will not be list
LE V: Effective date, if other than the dat ffective date is listed, the date must be spe of filling.) If the date inserted in this block does not sument's effective date on the Department.	meet the applicable statutory filing requirements, this date will not be list of State's records.
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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)