Division of Corporations

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Division of Corporations

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Account Name : FASTKIT CORP Account Number : 120100000009 ; (305)599-0839 : (305)592-9591 Fax Number

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.

NESA, LLC

Certificate of Status	0
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Page Count	02
Estimated Charge	\$155.00

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Help

D O'KEEFE MAY 24 2019

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:	
NESA, LLC (Must contain the words "Limited Liabil	
ARTICLE II - Address:	
The mailing address and street address of the principal office of <u>Principal Office Address</u> :	Mailing Address:
400 Sunny Isles Blvd Suite 715 Sunny Isles Beach, FL 33160	400 Sunny Isles Blvd Suite 715 Sunny Isles Beach, FL 33160
ARTICLE III - Registered Agent, Registered Office, & Re. (The Limited Liability Company cannot serve as its own Registanther business entity with an active Florida registration.)	gistered Agent's Signature: stored Agent. You must designate an individual or
The name and the Florida street address of the registered agen	t are:
Gustavo NerguizianNan	ne.
400 Sunny Isles Blvd Suite Florida street address (P.O	
	box HOT acceptable)
SunSunny Isles Beach	FL 33160
City	State Zip
	cht as registered agent and agree to act in this capacity. I

19.MAY 23 AH 9: 31

MGR* = Manager MGR MGR Angela Sanchez 400 Sunny Isles Blvd Suite 715 Sunny Isles Beach, FL 33160 MGR Angela Sanchez 400 Sunny Isles Blvd Suite 715 Sunny Isles Beach, FL 33160 **Every Effective date, if other than the date of filing: (OPTIONAL) Every Effective date is Usted, the date must be specific and cannot be more than five business days prior to at 5 if filing.) the date inserted in this block does not meet the applicable statutory filing requirements, this date will notent's effective date on the Department of State's records. Evi: Other provisions, if any. **REOURED SIGNATURE: Signature of a member of an authorized representative of a member. This document is executed in uncordage suit, button 605 0203 (1) (b), Florida Statutes, I am oware that any false information submitted for a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.3. Gustavo Nerguiziana Typed or printed name of signee Filing Fees: \$ 30.00 Certificate of Status (Optional)	Title: "AMBR" = Authorized Member	Name and Address:
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Angela Sanchez (OPTIONAL) (OPTIONAL)		Gustavo Nerguizian
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ARTICLE IV-