Division of Corp. Electronic Filing Cover Sheet

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.

(((H19000277635 3)))



H190002776353ABC7

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

Po:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : GERALD WEINBERG, P.C.

Account Number : I20030000043

Phone : (800)342-9856 Fax Number : (800)354-3381

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

b	4	1	Address:	

FLORIDA LIMITED LIABILITY CO.

Chine	Van LLC
Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help

D O'KEEEE

SEP 2 4 2019

9/17/2019



September 18, 2019

FLORIDA DEPARTMENT OF STATE
Division of Corporations

GERALD WEINBERG, P.C.

SUBJECT: NANETTE LLC REF: W19000084663

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation.

One or more major words may be added to make the name distinguishable.

Conflicting document number: P07000069882

If you have any further questions concerning your document, please call (850) 245-6052.

Jalesa S Dennis Regulatory Specialist II New Filing Section FAX Aud. #: H19000277635 Letter Number: 819A00019341

(H19000271635 3)

AKTICLES OF ORGANIZATION FOI	RELORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name: The name of the Limited Liability Company is:	
CHLOE NAN LLC	
	ed Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal	·
Principal Office Address: Mai	ling Address:
3273 Micebella Circle North	8782 16th Avanue
Bocs Raton, Rorlda 33433	Broadyn, New York 11214
The name and the Florida street address of the registere	
NANCY M. AIELLO Nam	17
3273 Mirabella Circle North Florida street address (P.O. Bo	NOT assentable)
	·
Boca Raton City	FL 33433
Having been named as registered agent and to accept s the place designated in this certificate, I hereby accepacity. I further agree to compty with the provisions of my duties, and I am familior with and accept the och	ervice of process for the above stated limited liability campany at pt the appointment as registered agent and agree to act in this so all statutes relating to the proper and complete performance bligations of my position as registered agent as provided for in poter 605, F.S
(CONȚINI	DED)

Page 1 of 2

9 SEP 23 AM 10: 08 Fürklöud 14 Signa

(H19000277635 3)

	Name and Address:
AMBR" Authorized Meinber	TOTAL MARIE PAGE 553.
MGR" = Manager	
MGR	NANCY M. AIELLO
	8782 16th Avenue
	Brooklyn, New York 112:4
V: Effective date, if other than the date tive date is listed, the date must be so	of filing: (OPTIONAL)
Use attachment if necessary) V: Effective date, if other than the date tive date is listed, the date must be spaining.) VI: Other provisions, if any.	e of filing:
V: Effective date, if other than the date tive date is listed, the date must be spfiling.)	e of filing: (OPTIONAL) secific and cannot be more than five business days prior to or 90
V: Effective date, if other than the date tive date is listed, the date must be sp filing.) VI: Other provisions, if any. EQUIRED SIGNATURE:	ecuic and cannot be more than five business days prior to or 90
V: Effective date, if other than the date tive date is listed, the date must be spfiling.) VI: Other provisions, if any. EQUIRED SIGNATURE:	ecuic and cannot be more than five business days prior to or 90
V: Effective date, if other than the date tive date is listed, the date must be sp filing.) VI: Other provisions, if any. EQUIRED SIGNATURE: Signature of a my (In accordance with section constitutes an affirmation to I am aware that any false in	Julia and cannot be more than five business days prior to or 90 falls of a member. Julia Statutes, the execution of this document and the penalties of perjutes, the execution of this document inder the penalties of perjutes, the execution of this document of the penalties of perjutes to the Penalties of the formation submitted in a document to the Penalties of Statutes.
V: Effective date, if other than the date tive date is listed, the date must be sp filing.) VI: Other provisions, if any. EQUIRED SIGNATURE: Signature of a my (in accordance with section constitutes an affirmation to I am aware that any false in	Jule of a member. Solution of this document of the penalties of perjury that the facts stated herein are true. Information submitted in a document to the Department of State clony as provided for in s.817.155, F.S.)

Page 2 of 2

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)

9 SEP 23 AMIO: 08 Eurilijai de Sigile

(H19000271635 3)