Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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FLORIDA LIMITED LIABILITY CO. **NOW 2020 LLC**

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Corporate Filing Menu

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SEP 3 0 2019



2015 SEP 27 AH 9: 43

SECRETARY OF STATE TALLAHASSEE, FL

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liabili	ty Company is:		
N	ow 2020 LLC		
(Must end	with the words "Limite	d Liability Cor	mpany, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street a	ddress of the principal	office of the Li	mited Liability Company is:
Princip	al Office Address:		Mailing Address:
2030 Douglas Rd. Ste 11	9		2030 Douglas Rd. Ste 119
Corsi Gables, FL 33134			Coral Gables, FL 33134
	Oscar Ko	ondratzky Name	
The name and the Florida street	address of the registers	ed agent are:	
	Oscar Ko	ondratzky	
		Name	
	2030 Dou	glas Rd. Ste	<u> </u>
	Florida street addre	ss (P.O. Box N	OT acceptable)
	Coral Gables	Florida	33134
	Cíty	State	Zip
place designated in this certificate further agree to comply with the p	, I hereby accept the approvisions of all statutes	poinment as re relating to the p	for the above stated limited liability company at the gistered agent and agree to act in this capacity. I proper and complete performance of my duties, and agent as provided for in Chapter 605, F.S.
		scar Kon	dratzky Signature (REQUIRED)
	Keg:	stered Agent's t	PIETRIME (KEÓOIKED)
		(CONTINI	JED)
		Page 1 o	12

Title:	Name and Address;
"AMBR" = Authorized Member "MGR" = Manager	
MGR	Oscar Kondratzky
	2030 Douglas Rd. Ste 119
	-Goral Gables. FL 33134
ective date is listed, the date must	edate of filing: (OPTIONAL) the specific and cannot be more than five business days prior to or 90 days after
EV: Effective date, if other than the ective date is listed, the date must of filling.)	be specific and cannot be more than five business days prior to or 90 days after not meet the applicable statutory filing requirements, this date will not be listed a
EV: Effective date, if other than the ective date is listed, the date must of filling.) The date inserted in this block does ment's effective date on the Departu	not meet the applicable statutory filing requirements, this date will not be listed ament of State's records.
EV: Effective date, if other than the ective date is listed, the date must of filling.) The date inserted in this block does ment's effective date on the Department's Other provisions, if any. REQUIRED SIGNATURE:	not meet the applicable statutory filing requirements, this date will not be listed ament of State's records.
EV: Effective date, if other than the ective date is listed, the date must of filling.) The date inserted in this block does ment's effective date on the Department's Other provisions, if any. REQUIRED SIGNATURE:	Dscar Kondratzky a member or an authorized representative of a member. xecuted in accordance with section 605.0203 (1) (b), Florida Statutes of false information submitted in a document to the Department of State is provided for in a \$217.155 E.S.
EV: Effective date, if other than the ective date is listed, the date must of filling.) The date inserted in this block does ment's effective date on the Department's Other provisions, if any. REQUIRED SIGNATURE:	Dscar Kondratzky a member or an authorized representative of a member. xecuted in accordance with section 605.0203 (1) (b), Florida Statutes of false information submitted in a document to the Department of State is provided for in a \$217.155 E.S.
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