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DATE: 3/24/20

NAME: NEXUS INVESTORS LLC

TYPE OF FILING: ARTICLES

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ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

Abbie Hodge

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: Nexus Investors, LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Luis Hinestrosa

Name of Person

Firm/Company

112 Madeira Ave

Address

Coral Gables, FL 33134

City/State and Zip Code

lhinestrosa@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Luis Hinestrosa

954

326-5084

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
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(additional copy is enclosed)

☐ \$160.00 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

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TALLAHASSEE, FL

ARTICLES OF ORGANIZATION
OF
NEXUS INVESTORS, LLC

ARTICLE I - NAME

The name of the limited liability company is NEXUS INVESTORS, LLC (the "Company").

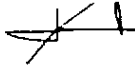
ARTICLE II - ADDRESS

The mailing address and street address of the principal office of the Company is 112 Madeira Ave, Coral Gables, Florida 33134.

ARTICLE III - REGISTERED AGENT AND OFFICE

The street address of the Company's initial registered office is 112 Madeira Ave, Coral Gables, Florida 33134, and the name of its initial registered agent at such office is Luis Hinestrosa.

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..



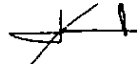
Registered Agent's Signature

ARTICLE IV - AUTHORIZED PARTIES

The names and addresses of each person authorized to manage and control the Company are set forth below.

<u>Title</u>	<u>Name & Address</u>
<u>Manager</u>	Starbon Inc. 112 Madeira Ave, Coral Gables, Florida 33134
<u>Manager</u>	Luis Hinestrosa 112 Madeira Ave, Coral Gables, Florida 33134

In accordance with Section 605.0203(1)(b) of the Florida Revised Limited Liability Company Act, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.



Luis Hinestrosa
Authorized Representative

Date: March 24, 2020