

L20000100579

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

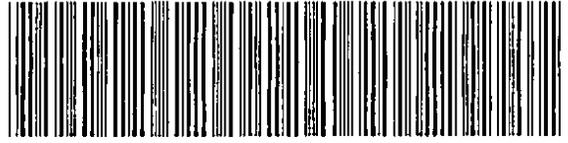
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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2020 APR 13 PM 3:25

2020 APR 13 AM 10:05
SECRETARY OF STATE
TALLAHASSEE, FL

RECEIVED

APR 13 2020

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

(OFFICE USE ONLY)

Corporation Name & Document Number, (if known):

1. Nesting Favorites LLC
(Corporation Name) Document #

2. _____
(Corporation Name) Document #

Walk in

Pick up time _____

Mail out

Will wait

Photocopy

Certified Copy of the Certificate of Status

Certificate of Status

NEW FILINGS

AMMENDMENTS

Profit
 Not for Profit
 Limited Liability
 Domestication
 Other

Amendment
 Resignation of R. A. Officer/Director
 Change of Registered Agent
 Dissolution/Withdrawal
 Merger

OTHER FILINGS

REGISTRATION/QUALIFICATIONS

Annual Report
 Fictitious Name
 APOSTIL _____

Foreign
 Limited Partnership
 Reinstatement
 Trademark
 Other

COUNTRY

EXAMINER'S INITIALS: _____

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED

2020 APR 13 AM 10: 59

SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLE I - Name:

The name of the Limited Liability Company is:

NESTING FAVORITES, LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

2525 PONCE DE LEON BLVD STE 300
CORAL GABLES, FL 33134

2525 PONCE DE LEON BLVD STE 300
CORAL GABLES, FL 33134

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

LUIS E. FERNANDEZ, P.A.

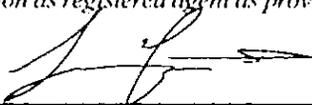
Name

2525 PONCE DE LEON BLVD., STE 300

Florida street address (P.O. Box **NOT** acceptable)

<u>CORAL GABLES</u>	<u>FL</u>	<u>33134</u>
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.



Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

Title:

Name and Address:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

RODRIGO BLANCO
2525 PONCE DE LEON BLVD, STE 300
CORAL GABLES, FL 33134

SECRETARY OF STATE
TALLAHASSEE, FL

2020 APR 13 AM 10:59

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

RODRIGO BLANCO

Signature of a member or an authorized representative of a member.
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
I am aware that any false information submitted in a document to the Department of State
constitutes a third degree felony as provided for in s.817.155, F.S.

RODRIGO BLANCO

Typed or printed name of signee

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)