

120000149156

Division of Corporations

H20000159950 3

Florida Department of State

Division of Corporations

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.

(((H20000159950 3)))



H200001599503ABC+

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

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number : 120000000195

Phone : (850)521-0821

Fax Number : (850)558-1515

5/28/2020

****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.

1749 NMT, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

J. FASON

JUN 08 2020

FILED
2020 MAY 28 AM 9:35
STATE
OFFICE OF THE
CLERK OF THE
COURT

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

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

SUBJECT: 1749 NMT, 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:

Roy Mildner

Name of Person

Firm/Company

423 Delaware Avenue

Address

Fort Pierce, FL 34950

City/State and Zip Code

Rmildner@floridalegal.com

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

For further information concerning this matter, please call:

Roy Mildner

772

216-7794

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 &
Certified Copy
(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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

1749 NMT, 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:423 Delaware Avenue
Fort Pierce, FL 34950423 Delaware Avenue
Fort Pierce, FL 34950

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:

Roy Mildner

Name

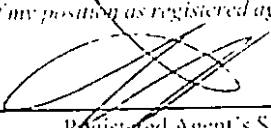
423 Delaware AvenueFlorida street address (P.O. Box NOT acceptable)Fort PierceFL34950

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)

FILED
 2020 MAY 28 AM 9:35
 CLERK OF STATE
 JEFFREY L. GRIFFIN

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

MGRNashat Hasan423 Delaware AvenueFt. Pierce, FL 34950______________________________

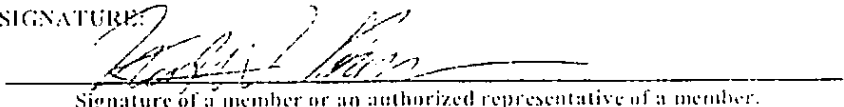
(Use attachment if necessary)

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:

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.

Nashat Hasan

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)

FILED
 2020 MAY 28 AM 9:35
 DEPT. OF STATE
 TALLAHASSEE, FL