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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(80	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

3	·	COVERLETTER	· •
TO: New I	Filing Section on of Corporations		
SUBJECT: _	Nesi Creati	TONS, LLC. f Limited Liability Company	
The enclosed A	rticles of Organization and fee(s) are submitted for filing.	
Please return al	l correspondence concerning thi	s matter to the following:	
	Roger	F. Herrera Name of Person	
	Nesi Cr	eations, LLC Firm/Company	
	2562 W	. 74 th 5t. Address	
	Higlean	7L 33010 City/State and Zip Code NS @ Gmail . Con	6
	<u>Nesicreatio</u> E-mail address: (to be u	NS G GMqiL . Consisted for future annual report notifical	m tion)
For further inform	nation concerning this matter, pl	lease call:	,
<u>K</u>	Name of Person	(954) 296 - 4 Area Code Daytime Telephor	4445
	Nume of Cerson	Mea Code Daytime Telephor	ic Number
Enclosed is a ch	eck for the following amount:		_
□\$125.00 Filir	rig Fee ☐\$130.00 Filing Fee Certificate of Status		2\$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 $\mathcal{R}_{L_{\infty}^{-1/2}}$

ARTICLE I - Name: The name of the Limited Liabilit	y Company is:	20 JUN 10 -
N_{es}	si Creations LLC ain the words "Limited Liability Company	20 JUN 16 PM 6: 1
(Must conti	ain the words "Limited Liability Company	, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street ad	ddress of the principal office of the Limited	d Liability Company is:
Princips	al Office Address:	Mailing Address:
2562	W.74th st	Same
Hialeak	FL 33016	
ADTICLE III Danis		
(The Limited Liability Company another business entity with an a	ent, Registered Office, & Registered Age cannot serve as its own Registered Agent. active Florida registration.)	ent's Signature: You must designate an individual or
	address of the registered agent are:	
and the Friday Spece	D - //	•
	Name Name	errera
	Roger F. H Name 2562 W. 74 Florida street address (P.O. Box NOT a	ith 5t
	Florida street address (P.O. Box NOT a	acceptable)
	Higlerk 72 City State	33016
	Cinc	
	City State	Zip

(CONTINUED)

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:	PH 6
"MGR" = Manager MGR	Roger F. Herrera 2562 W 74 th st Higlean 74 33016	
		_
		_
		_ _
(Use attachment if necessary)		
CLE V: Effective date, if other than the date fective date is listed, the date must be set of filing.) If the date inserted in this block does no cument's effective date on the Department.	tte of filing:	-
CLE V: Effective date, if other than the date ffective date is listed, the date must be set of filing.) If the date inserted in this block does no cument's effective date on the Department.	specific and cannot be more than five business days prior to or 9 t meet the applicable statutory filing requirements, this date will n	_
CLE V: Effective date, if other than the date ffective date is listed, the date must be see of filing.) If the date inserted in this block does no cument's effective date on the Department.	specific and cannot be more than five business days prior to or 9 t meet the applicable statutory filing requirements, this date will n	_
CLE V: Effective date, if other than the date effective date is listed, the date must be end of filing.) If the date inserted in this block does not cument's effective date on the Department of the Uther provisions, if any. REQUIRED SIGNATURE:	specific and cannot be more than five business days prior to or so that meet the applicable statutory filing requirements, this date will not of State's records.	-
CLE V: Effective date, if other than the date effective date is listed, the date must be a of filing.) If the date inserted in this block does no cument's effective date on the Department of	specific and cannot be more than five business days prior to or 9 t meet the applicable statutory filing requirements, this date will n	ot be lis

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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)