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.

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•

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : JULIO MORAN MULTI-SERVICES, CORP.

Account Number : I20190000059

Phone : (305)643-3922

Fax Number

: (305)643-3211

\*\*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. N B POOL COPING AND TILE, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

### **COVER LETTER**

TO: New Filing Section Division of Corpora	ıtions		
N B POOL COI	PING AND TILE, LL	.c	
	Name of Lin	nited Liability Company	
The enclosed Articles of Orga	nization and fee(s) ar	e submitted for filing.	
Please return all corresponden	ce concerning this ma	atter to the following:	
NESTOR J. BERI	RIOS		
<del></del>		Name of Person	
N B POOL COPE	NG AND TILE, LLC		
		Firm/Company	
11207 NW FLAG	LER LANE		
<del></del>		Address	
MIAMI, FL 33172	!		20
in-2011@		ity/State and Zip Code	20 31
jorax2011@gmail.c		for future annual report notificat	
			<del></del>
For further information concerni	ng this matter, please	call:	<u> </u>
NESTOR J. BERR	IOS 786	6 278-2774	<del>[.</del>
Name of Po	rison Are	ca Code Daytime Telephon	e Number
Enclosed is a check for the following	owing amount:		
	130.00 Filing Fee & tificate 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 Add	ress	Street Address	
New Filing Se		New Filing Section Di	
	-	The Centre of Taliaha	
New Filing Se Division of C P.O. Box 632 Tallahassee, I	orporations 7	New Filing Section Di	ssee t, Suite 810

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A	RT	CT	F.	T _	No	me:

The name of the Limited Liability Company is:

#### N B POOL COPING AND TILE, LLC

3056433211

(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:
11207 NW FLAGLER LANE MIAMI, FL 33172	SAME

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:

NESTOR J. BERR	IOS	
	Name	
11207 NW FLAGI	ER LANE	
Florida street addre	ess (P.O. Box NOT acce	ptable)
MIAMI	FLORIDA_	33172
City	State	Zin

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..

(CONTINUED)

Registered Agent's Signature (REQUIRED)

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"AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MGR	NESTOR J. BERRIOS
	11207 NW FLAGLER LANE
	MIAMI. FL 33172
Oliton and others and all a	
(Use attachment if necessary)	
LEV: Effective date, if other than the da	ate of filing: JUNE 29, 2020 (OPTIONAL)
receive marie is manen' the diste united be i	ate of filing: <u>JUNE 29, 2020</u> . (OPTIONAL) specific and cannot be more than five business days prior to or 90 di
of filing.)	specific and cannot be more than five business days prior to or 90 di
of filing.)  f the date inserted in this block does no	specific and cannot be more than five business days prior to or 90 di t meet the applicable statutory filing requirements, this date will not be
of filing.)  f the date inserted in this block does not the ment's effective date on the Department.	specific and cannot be more than five business days prior to or 90 di t meet the applicable statutory filing requirements, this date will not be
of filing.)  f the date inserted in this block does no	specific and cannot be more than five business days prior to or 90 di t meet the applicable statutory filing requirements, this date will not be
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of filing.)  If the date inserted in this block does not iment's effective date on the Department.  E. VI: Other provisions, if any.  REQUIRED SIGNATURE:	specific and cannot be more than five business days prior to or 90 d t meet the applicable statutory filing requirements, this date will not but of State's records.
of filing.)  If the date inserted in this block does not the ment's effective date on the Department.  E. VI: Other provisions, if any.	specific and cannot be more than five business days prior to or 90 distinct the applicable statutory filing requirements, this date will not but of State's records.

Filing Fees:

Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

MGR NESTOR J BERRIOS

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

NB POOL COPING AND TILE, LLC.

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MIAMI FL JULY 01, 2020

No. Page: 5

FAX: 305-643-3211