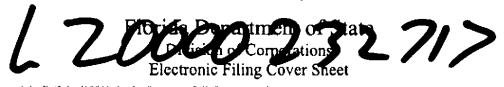
8/11/2020

Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : E & F LATIN GROUP LLC

Account Number ; I20160000049 Phone : (954)384-8565 Fax Number : (954)385-5175

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

## FLORIDA LIMITED LIABILITY CO. **NUCASA INTERNATIONAL LLC**

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## COVER LETTER

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SUBJECT:	NUCAS/	INTERNATIO	NAL LLC	•		
aragret;		N	ame of Li	mited Liab	lity Company	
The enclosed	f Articles o	f Organization ar	nd fee(s) a	re submitte	d for filing.	
Please return	all corresp	ondence concerr	ing this m	atter to the	following:	
[	DIEGO FIC	GUEROA				
_				Name o	f Person	
<u> </u>	& F LAT	IN GROUP LLC				
				Firm/C	этралу	
ı	820 N CO	RPORATE LAK	ES BLVD	SUITE 10	9	
<u></u>				Add	ress	
V	VESTON F	L 33326				
	EGO/Ann	ATINIACCOUR			d Zip Code	
<del></del>	_	LATINACCOUN E-mail address: (			unnual report notificat	ion)
For further info		incerning this ma			aman report nourseat	ion;
			. , ,			
<u>D</u>	IEGO FIG			i4 ————	384 8565	
	Nair	e of Person	A	rea Code	Daytime Telephon	ie Number
Enclosed is a	check for t	he following amo	ount:			
□\$125.00 Fi	ling Fee	■\$130.00 Pili Certificate of		Certifi	5.00 Filing Fee & ed Copy al copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		g Address			Street Address	
		iling Section on of Corporation	e		New Filing Section Di The Centre of Tallaha	
	P.O. B	ox 6327			The Centre of Tatlana 2415 N. Monroe Stree	
	Talleh	assec, FL 32314			Fallahassee, FL 3230;	

NUCASA INTERNATIONAL LLC	
(Must constin the words "Limited Liab	ility Company, "L.L.C.," or "LLC.")
RTICLE II - Address:	
ne mailing address and street address of the principal office	of the Limited Liability Company is:
	the second discountry to
Principal Office Address:	Malling Address:
Principal Office Address: 2665 EXECUTIVE PARK DR	· · · · · · · · · · · · · · · · · · ·
<del></del>	Mailing Address:  2665 EXECUTIVE PARK DR SUITE 2

E & F LATIN GROU	P LLC	
	Name	
1820 N CORPORATI	E LAKES BLVD S	UITE 109
Florida street address	(P.O. Box NOT a	cceptable)
WESTON	FL	33326
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 um familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.,

(CONTINUED)

Title: "AMBR" = Authorized Me	Name and Address: mber
"MGK" = Manager	
<u>MGR</u>	NURI TURQUIE
	2665 EXECUTIVE PARK DR SUITE 2 WES TON, FL 33331
	<del></del>
enective date is listed, the date te of filing.)	han the date of filing: 08/11/2020 . (OPTIONAL) must be specific and cannot be more than five business days prior to or 90 days
CLE V: Effective date, if other teffective date is listed, the date te of filing.)	han the date of filing: 08/11/2020 (OPTIONAL) must be specific and cannot be more than five business days prior to or 90 days k does not meet the applicable statutory filing requirements, this date will not be li Department of State's records.
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CLE V: Effective date, if other teffective date is listed, the date to of filing.)  If the date inserted in this block cument's effective date on the light of the light of the provisions, if any REQUIRED SIGNATURE.	han the date of filing: 08/11/2020 (OPTIONAL) must be specific and cannot be more than five business days prior to or 90 days k does not meet the applicable statutory filing requirements, this date will not be li Department of State's records.
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CLE V: Effective date, if other teffective date is listed, the date to of filing.)  If the date inserted in this block cument's effective date on the left.  CLE VI: Other provisions, if any  REQUIRED SIGNATURE  Signat  This document am aware the	han the date of filing: 08/11/2020 (OPTIONAL) must be specific and cannot be more than five business days prior to or 90 days k does not meet the applicable statutory filing requirements, this date will not be li Department of State's records.  The second of the department of State and authorized representative of a member. In this executed in accordance with section 605.0203 (1) (b), Florida Statutes, and any false information submitted in a document to the Department of State third degree felony as provided for in s.817.155, F.S.