11/12/2020

Florida Department of State

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(((H200004244053)))



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FLORIDA LIMITED LIABILITY CO.
Foster By Nell LLC

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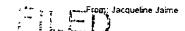
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Tallahassee, FL 32314

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SUBJECT	Foster By N						
SOBJEC, I	<u> </u>		e of Lin	ited Liabi	lity Company		
The enclos	ed Articles of C	Organization and f	ee(s) an	submitter	l for filing.		
Please retu	ım all correspor	idence concerning	gthis ma	tter to the	following:		
	Nelly Foster						
				Name o	Nesco		
				1 /2 00.	Fastas		
				FineCo	Fastor ompany		_
	7000 Island B	lvd Apt 1001					
				Atl	.a.		
	Aventura, Flo	rida 33160					
	Onestonsolutio	nsfl@gmail.com	С	ity/State ai	nd Zip Coole	-	
		mail address: (to	be used	for future	annual report no	otificatio	n)
For further i	nformation con	cerning this matte	r, please	call:			
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(H200004244053)

Tallahassee, FL 32303



## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

2020 DEC 11 AH 11: 15

:

The name of the Limited Liability Company is:

(H20000424405	SECRETARY TALLAHAS	OF S SEE	TATE
	741 B B B	OLE.	r i

Foster By Nell 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:
7000 Island Blvd Apt 1001	7000 Island Blvd Apr 1001
Aventura, Florida 33160	Aventura, Florida 33160

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:

	Nino	
4167 NW 135th ST		
Florida street addre	ss (P.O. Box <u>NOT</u> acc	eptable)
Opa Locka	Florida	33054

Having been named as registered agent and to accept service of process for the above stated limited liability company a the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in Fis capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance  $\phi$  my duties, and lam familiar with and accept the obligations of my position as registered agent as provided for in Oepts 605, ES

Asamar Torras
Registered Agent's Signature (REQ) HED

(CONTINUED)

ARTICLE IV-

(H20000424405.3)

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	Nelly Foster
	7000 Island Blvd Apt 1001
	Aventura, Florida 33160
(Use attachment if necessary)  LEV: Effective date, if other than the offective date is listed, the date must be	date of filing 12/11/2020 (OPTIONAL)
LEV: Effective date, if other than the offective date is listed, the date must be of filing.)	e specific and cannot be more than five business days prior to or 90 day not meet the applicable statutory filing requirements, this date will not be
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