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	(Requestor's Name)
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	J.) WAIT MAJL
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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

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Photo Copy				Annual Report / Reinstatement
Certificate of Good Standing				Cert. Copy
Certificate of Status				Photo Copy
Certificate of Fictitious Name				
Corp Record Search				Certificate of Status
Officer Search				Certificate of Fictitious Name
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			Jp	Courier

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ANY	الرسية الا
2021 MAY -5	PH 12: 41
SECTION TALL AREAS	or STATE SEE, FL

ARTICLE I - Name:

The name of the Limited Liability Company is:

BIG NEST 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:	<u>Maning Address</u> :
291 CONSERVATION DR	291 CONSERVATION DR
WESTON FL, 33327	WESTON FL, 33327

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:

ABITOS PLLC		
	Name	
255 ARAGON AVEN	UE, 2ND FLOOR	
Florida street address	(P.O. Box <u>NOT</u> a	eceptable)
CORAL GABLES	FL	33134
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

(€ONTINUED)

ARTICLE IVThe name and address of each person authorized to manage and control the Limited Liability Company:

"AMBR" = Authorized Member	
PARCITY AT A	
"MGR" = Manager	
MGR	PABLO EDUARDO DOCTOROVICH 291 CONSERVATION DR
	WESTON FL, 33327
MGR	ERICA VIVIANA PARADA MONTANI
	291 CONSERVATION DR STC: 2
	ERICA VIVIANA PARADA MONTANI 291 CONSERVATION DR WESTON FL, 33327
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ate of filing.) e: If the date inserted in this block does document's effective date on the Departi	be specific and cannot be more than five business days prior to or 90 days a not meet the applicable statutory filing requirements, this date will not be listement of State's records.
ICLE VI: Other provisions, if any,	
REOURED SIGNATURE:	
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REOURED SIGNATURE: Signature of This document is e I am aware that any	a member of an authorized representative of a member. executed in accordance wan section 605.0203 (1) (b), Florida Statutes, a false information submitted in a document to the Department of State degree felony as provided for in s.817.155, F.S.
REOURED SIGNATURE: Signature of This document is e I am aware that any constitutes a third d	executed in accordance with section 605.0203 (1) (b), Florida Statutes. It false information submitted in a document to the Department of State.