

Florida Department of State  
Division of Corporations  
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Email Address: *Orivera@Siegfriedrivera.com*

FLORIDA LIMITED LIABILITY CO.  
NCB INVESTMENTS LLC

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

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*8/31/21*

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## COVER LETTER

TO: Registration Department  
Division of Corporations

SUBJECT: NCB INVESTMENTS LLC  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Oscar R. Rivera, Esq.  
Siegfried Rivera  
8211 West Broward Boulevard, Suite 250  
Plantation, Florida 33324  
[orivera@siegfriedrivera.com](mailto:orivera@siegfriedrivera.com)

For further information concerning this matter, please call:

Oscar R. Rivera, Esq. Telephone: 954-781-1134

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**ARTICLE I – NAME:**

The name of the Limited Liability Company is: **NCB INVESTMENTS LLC**

**ARTICLE II – ADDRESS:**

The mailing address and street address of the principal office of the Limited Liability Company is:

**Principal Office Address:**

7301 S.W. 57TH COURT, SUITE 520  
MIAMI, FLORIDA 33143

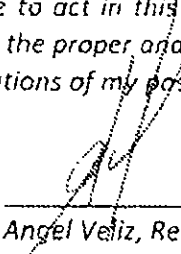
**Mailing Address:**

7301 S.W. 57TH COURT, SUITE 520  
MIAMI, FLORIDA 33143

**ARTICLE III – REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE**

The Name and the Florida Street address of the Registered Agent is Angel Veliz, 7301 S.W. 57<sup>TH</sup> Court, Suite 520, Miami, Florida 33143.

*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.*

  
\_\_\_\_\_  
Angel Veliz, Registered Agent**ARTICLE IV – MANAGER/DIRECTORS****Title:**

MGR

**Name and Address**

ANGEL VELIZ  
7301 S.W. 57TH COURT, SUITE 520  
MIAMI, FLORIDA 33143

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REQUIRED SIGNATURE:

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

(In accordance with section 505.0203(1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155.F.S.)

\_\_\_\_\_  
Angel Veliz  
Type or printed name of signee

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