Division of Corporations Electronic Filing Cover Sheet

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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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : I20160000017 Phone : (855)498-5500 Fax Number : (800)432-3622

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

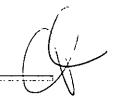
Email Address:

FLORIDA LIMITED LIABILITY CO. NASH CAPITAL LLC

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Certified Copy	1
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Estimated Charge	\$155.00

***MGR name is Enrique P.



COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: Nash Capital LLC	
Name of Limited Liability Company	
The enclosed Articles of Organization and fee(s) are submitted for filling.	
Please return all correspondence concorning this matter to the following:	
Name of Person	202
Capitol Services - Corporate Filings Team	2021 SEP
Firm/Company	28
515 East Park Avenue 2nd Floor	
Address	
Tallahassee, FL 32301	5
City/State and Zip Code nmous@citco.com / mbeaujon@citco.com	٠
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
_{st (} 855 ₎ 498 - 5500	
Name of Person Area Code Daytine Telephone Number	
Enclosed is a check for the following amount:	
S125.00 Filing Fee & S130.00 Filing Fee & Certificate of Status & Certificate	D
Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address New Filing Section Division of Corporations Clifton Building Tallahassee, FL 32314	

Tallahassee, FL 32301

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	Nash Capital LLC			
(M	fust contain the words "Limited L			
ARTICLE II - Address The mailing address and	s: I street address of the principal of	fice of the Limit	ed Liability Company is:	
	Principal Office Address:		Mailing Address:	
Pavon 29	13	350	Park Avenue	
CABA		29th	Floor	•
Argentina			York, NY 10022	2021
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	ta street address of the registered a Capitol Corporal	e Services	, Inc.	φ (
	Capitol Corporal	e Services Name		8 3
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(CONTINUED)

ARTICLE IV-

Title: "AMBR" = A	Authorized Member	Name and Address:	
"MGR" = M	inager		
MGR		Enrique Pascual, Pavon 2913, CABA, Argentina	
]
			1
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(Use attachm	ent if necessary)		
DTICLE V. CO., in	e date, if other than the date	of files.	
f an effective date is se date of filing.)	listed, the date must be spe	edific and cannot be more than five business days prior to or 90 day	~
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se document s errect	ve date on the Department of	of State's records.	: '-'0
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	A:	mber or an authorized representative of a member.	
	This document is execute I am aware that any false	ed in accordance with section 605.0203 (1) (b). Florida Statutes, information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.	
	This document is execute I am aware that any false constitutes a third degree	ed in accordance with section 605.0203 (1) (b). Florida Statutes. information submitted in a document to the Department of State felony as provided for in s.817.155, F.S. Ita Beaujon	

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$30.00 Certified Copy (Optional)
\$5.00 Certificate of Status (Optional)