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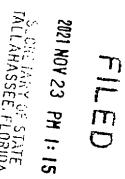
(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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COVER LETTER

10: New Filing Section Division of Corporations	
SUBJECT: NTE E-Store 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:	
Nam Nguyen Name of Person	
Name of Person	
NTE E-Store	
Firm/Company	_
10 Bridgwater Drive	2021 N
Address	至 N N
Winter Haven FL 33884	2021 NOV 23 PM 1: 1
Winter Haven FL 33884 City/State and Zip Code Toman 250 @ yahoo. com	STAI FLOR
E-mail address: (to be used for future annual report notification)	Du a
For further information concerning this matter, please call:	
Name of Person Area Code Daytime Telephone Number	
Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
Certificate of Status Certified Copy Certificate (additional copy is enclosed) Certified	00 Filing Fee, te of Status & Copy copy is enclosed)
Mailing Address Street Address	
New Filing Section New Filing Section Division Division of Corporations The Centre of Tallahassee	
P.O. Box 6327 2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:				
The name of the Limited Liability Company is:				
NTE E-Store				
(Must contain the words "	Limited Liabilit	ty Company, "	L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the pr	ncipal office o	f the Limited I	Liability Company is:	
Principal Office Addr	<u>ess</u> :		Mailing Addres	<u>s</u> :
10 Bridgewater D winter Hoven, Fo	13884 73884		10 Bridgewater	V Deive FL 33884
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as another business entity with an active Florida re	its own Regist			idual or
The name and the Florida street address of the re	gistered agent	are:		
Na.	~ Ng Nam	u yer		
10 R	rids e we	Box NOT ac) C \ Ve	
Ci	y :	State	33884 Zip	
Having been named as registered agent and to accomplace designated in this certificate, I hereby accept further agree to comply with the provisions of all some familiar with and accept the obligations of my	the appointme tatutes relating	nt as registere to the proper i	d agent and agree to act in and complete performance (this capacity. I of my duties, and I
		gent's Signati	ire (REQUIRED)	2021 NOV 23 PALLAHASSEE
				OV 23 PM 1:16

ARTICLE IV-

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

"AMBR" = Authorized Member "MGR" = Manager	
Non-Alexander	A
3 0	
AMBR	Nam Nguyen
	10 Bridgewater Drive Winter Haven, FL 33884
	Winter Haven, FL 33884
·	reline November 18 2021 (OPTIONAL)
	filing: November 18, 2021 (OPTIONAL) ific and cannot be more than five business days prior to or 90 day
E V: Effective date, if other than the date of ective date is listed, the date must be speci	filling: November 18, 2021 (OPTIONAL) ific and cannot be more than five business days prior to or 90 day
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