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(((H22000115785 3)))



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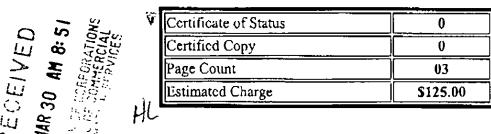
From:

Account Name : ADRIAN MEDINA Account Number : I20220000042 Phone : (786)370-2432 Fax Number : (305)266-5758

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Email Address:

FLORIDA LIMITED LIABILITY CO. DR NICOLE MARTIN LLC



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(((H22000115785 3)))

_	DR NICOLE N	
	(Must contain the words "Limited Liability	Company, "L.L.C.," or "LLC.")
	Address:	
iling add	dress and street address of the principal office of t	he Limited Liability Company is:
	Principal Office Address:	Mailing Address:
	9501 JOURNEY'S END LN	9501 JOURNEY'S END LN
-	CORAL GABLES, FL 33156	CORAL GABLES, FL 33156
	CORAL GABLES, FL 33130	CORAL GABLES, PL 3313

NICOLE MARTIN 9501 JOURNEY'S END LN Florida street address (P.O. Box NOT acceptable) CORAL GABLES

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 this capacito the further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am fumiliar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

(CONTINUED)

(((H22000115785 3)))

Title:	Name and Address:	
"AMBR" " Authorized Member		
"MGR" = Manager AMBR	NICOLE MARTIN	
AIVIDR	9501 JOURNEY'S END LN	
	CORAL GABLES, FL 33156	
		<u> </u>
		<u> </u>
		2022)
	D:	MAR
(Use attachment if necessary)	33	္ကြယ္က
(Ose attachment if necessary)	ΞĠ	` • 2>
CLE.V: Effective date, if other than the date of filing:		
effective date is listed, the date must be specific and ea te of filing.)	Number to more than five business days prior to one of the control	•
If the date inserted in this block does not meet the appl	licable statutory filing requirements, this date will	not be li:
cument's effective date on the Department of State's re	cords.	
CLE VI: Other provisions, if any.		
REQUIRED SIGNATURE:		
Nicol	Martin	
Signature of a member or an	authorized representative of a member.	 '
I his document is executed in accord I am aware that any false information constitutes a third degree felony as p	lance with section 605.0203 (1) (b), Florida Status in submitted in a document to the Department of St rovided for in s.817.155, F.S.	ies. Iate
	•	
NIC	OLE MARTIN	