

# L220001363483

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6381

From:

Account Name : E & F LATIN GROUP LLC  
Account Number : I20160000049  
Phone : (954)384-8565  
Fax Number : (954)385-5175

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

Email Address: Office@eflatinaccounting.com

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TELEPHONE

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CORPORATIONS  
COMMERCIAL  
SERVICES

## FLORIDA LIMITED LIABILITY CO. NIDASER LLC

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

**COVER LETTER**

**TO: New Filing Section  
Division of Corporations**

**SUBJECT: NIDASER 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:

**DIEGO FIGUEROA**

\_\_\_\_\_  
Name of Person

**E & F LATIN GROUP LLC**

\_\_\_\_\_  
Firm/Company

**1820 N CORPORATE LAKES BLVD SUITE 109**

\_\_\_\_\_  
Address

**WESTON FL 33326**

\_\_\_\_\_  
City/State and Zip Code

**DIEGO@EFLATINACCOUNTING.COM**

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**DIEGO FIGUEROA** at ( **954** ) **384 8565**  
\_\_\_\_\_  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee    ☒ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)    ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**Mailing Address**  
New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**  
New Filing Section Division  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite #10  
Tallahassee, FL 32303

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**ARTICLE IV-**

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

**Title:****Name and Address:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR \_\_\_\_\_

NICOLAS EDUARDO RAMIREZ MARTINEZ  
 1820 N CORPORATE LAKES BLVD SUITE 103  
 WESTON, FL 33326

MGR \_\_\_\_\_

DANIEL ENRIQUE RAMIREZ MARTINEZ  
 1820 N CORPORATE LAKES BLVD SUITE 103  
 WESTON FL 33326

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

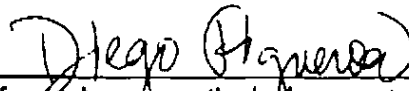
ARTICLE V: Effective date, if other than the date of filing: 04/08/2022 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**REQUIRED SIGNATURE:**


Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.  
 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.

DIEGO FIGUEROA

Typed or printed name of signee

**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)

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