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Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : I20000000146 Phone : (305)444-4994 Fax Number : (305)328-4774

\*\*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. NCLA PLUMBING, LLC

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Certificate of Status	0
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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
NCLA PLUMBING, LLC	
<del></del>	
(Must contain the words "Limited Liabi	lity Company, "L.L.C.;" or "LL.C.")
ADDICT OF A 11	
ARTICLE II - Address:	
The mailing address and street address of the principal office	of the Lumited Lisbility Company is:
- 4 N	
Principal Office Address:	Mailing Address:
.11380 SW 58th TERR	11380 SW 58th TERR
MIAMI, PL 33173	MIAMI, FL '33173
	1222 20-24 22 32 173
ARTICLE III - Registered Agent, Registered Office, & Re	nistered Annut's Signature.
(The Limited Liability Company cannot serve as its own Regi	ctared Agent Vois sand deciment as in the first
mother business entity with an active Florida registration.)	exercet secure 1 on mirest destinate an montalities of
miorier, organism curals with an artifact Libriting technique.	•
The name and the Florida street address of the registered agen	t are:
NICOLE CARALLEDO	•

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, P.S.

Name

Florida street address (P.O. Box NOT acceptable)

State

11380 SW 58th TERR

City

MIAMI

Registered Agent's Signature (REQUIRED)

33134

Zip

(CONTINUED)

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ARTICLE IV-

To: +18506176381 . . . .

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:		
"MGR" = Manager			
· ·	MOOLE CARALTERO		
AMBR	NICOLE CABALLERO 11380 SW 58th TBR		
	MIAML FL 33173	<del></del>	
		<del></del>	
AMBR	LUIS A. CABALLERO		
14121	10240 SW 96 TER	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
	MIAMI, FL 33176		
		2021 HAY 13	
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(Use attachment if necessary)			
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