

L22000336082

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

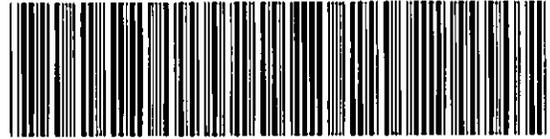
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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S. CHATHAM

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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

NOURBESE 11960 LLC

- ___ Art of Inc. File _____
- ___ LTD Partnership File _____
- ___ Foreign Corp. File _____
- ___ L.C. File _____
- ___ Fictitious Name File _____
- ___ Trade/Service Mark _____
- ___ Merger File _____
- ___ Art. of Amend. File _____
- ___ RA Resignation _____
- ___ Dissolution / Withdrawal _____
- ___ Annual Report / Reinstatement _____
- ___ Cert. Copy _____
- ___ Photo Copy _____
- ___ Certificate of Good Standing _____
- ___ Certificate of Status _____
- ___ Certificate of Fictitious Name _____
- ___ Corp Record Search _____
- ___ Officer Search _____
- ___ Fictitious Search _____
- ___ Fictitious Owner Search _____
- ___ Vehicle Search _____
- ___ Driving Record _____
- ___ UCC 1 or 3 File _____
- ___ UCC 11 Search _____
- ___ UCC 11 Retrieval _____
- ___ Courier _____

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S. H. F. S. S.

Signature _____

Requested by:

Name _____ Date _____ Time _____

Walk-In _____ Will Pick Up _____

**ARTICLES OF ORGANIZATION
OF
NOURBESE 11960 LLC**

**ARTICLE 1
NAME**

The name of the limited liability company is NOURBESE 11960 LLC.

**ARTICLE 2
ADDRESS**

The mailing address and street address of the principal office of the limited liability company are:

Principal Office Address: 3730 Southwest 123 Court
Miami, Florida 33175

Mailing Address: P. O. Box 651069
Miami, Florida 33265-1069

**ARTICLE III
REGISTERED AGENT**

The name and Florida street address of the registered agent are:

Roxana I. Nasco, P.A.
2600 So. Douglas Road, Suite 913
Coral Gables, Florida 33134

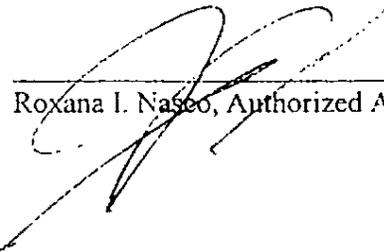
**ARTICLE IV
MANAGEMENT**

The name and address of the person authorized to manage and control the limited liability company is:

Title: Manager Name and address: SONOFEZ PROPERTY MANAGEMENT LLC
P. O. Box 651069
Miami, Florida 33265

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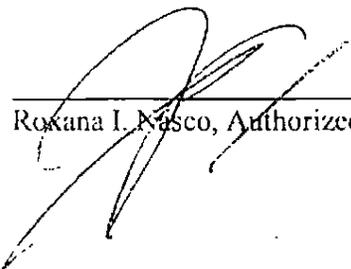
These Articles of Organization is executed in accordance with Section 605.0203(1)(b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third-degree felony as provided for in Section 817.155, Florida Statutes.



Roxana I. Nasco, Authorized Agent

ACCEPTANCE OF APPOINTMENT BY REGISTERED AGENT

Having been named as registered agent and to accept service of process for the above 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 property 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, Florida Statutes.



Roxana I. Nasco, Authorized Agent

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