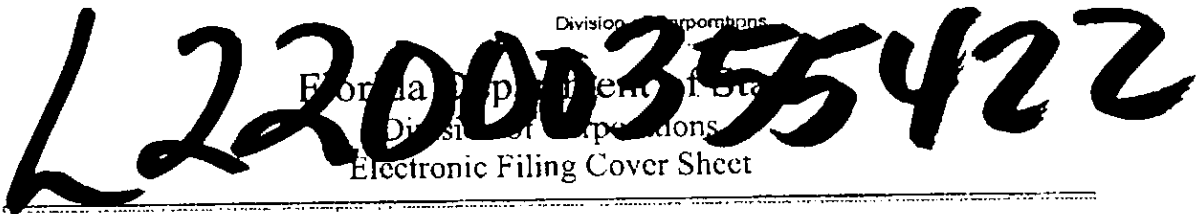


8/12/22, 2:55 PM



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.

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

From:
Account Name : CORPOLICENSE, INC
Account Number : I20050000118
Phone : (305)774-9606
Fax Number : (305)774-9660

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

Email Address: Arcelia.nunez@icloud.com

22 AUG 12 AM 5:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**FLORIDA LIMITED LIABILITY CO.
NEW START FLORIDA, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

2022 AUG 12 PM 3:34
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**ARTICLES OF ORGANIZATION FOR
FLORIDA LIMITED LIABILITY COMPANY
OF
NEW START FLORIDA, LLC**

ARTICLE I - NAME:

The name of the Limited Liability Company Is:

NEW START FLORIDA, LLC

ARTICLE II - ADDRESS:

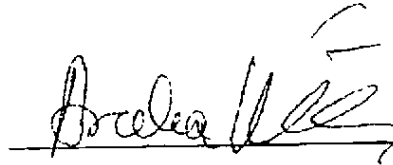
The mailing and principal address of the Limited Liability Company is:

**PRINCIPAL ADDRESS: 1901 NW S RIVER DR, UNIT 48
MIAMI, FL 33125**

**ARTICLE III - Registered Agent, Registered Office, & Registered
Agent's Signature:**

The Registered Agent designated is: **ARCELIA NUNEZ**

**ARCELIA NUNEZ
1901 NW S River Dr, Unit 48
Miami, FL 33125**



SECRETARY OF STATE
CLERK OF COURTS

22 AUG 12 AM 5:50

FILED

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, F.S.

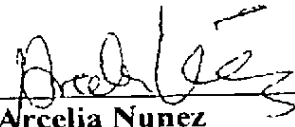
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ARTICLE IV - Management/Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>TITLE:</u>	<u>NAME AND ADDRESS</u>
MGR	ARCELIA NUNEZ 1901 NW S River Dr, Unit 48 Miami, FL 33125
MGR	ROSA C. NUNEZ 1901 NW S River Dr, Unit 48 Miami, FL 33125



Arcelia Nunez
Manager

22 AUG 12 AM 5:50
SECRETARY OF STATE
TALLAHASSEE, FL 32399

FILED

(In accordance with section 605.0201, Florida Statutes,
The execution of this document constitutes an affirmation under
The penalties of perjury that the facts stated herein are true)

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