L22000527737

	(Requestor's Name)
	(Address)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
	(Business Entity Name)
	(Document Number)
Tertified Copies	Certificates of Status
Special Instructions to	o Filing Officer:

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S. CHATHAM DEC 18 2022

SECTED AND THE DIVISION OF COLUMN AND COLUMN

2022 DEC 16 PH 1: 34

COVER LETTER

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TO:	New Filing Sec Division of Cor				
CUDIE		oldings, LLC			
SUBJEC	-1: <u></u>	Name o	of Limited Lia	bility Company	
The encl	osed Articles of	Organization and fee	(s) are submit	ted for filing.	
Please ro	eturn all correspo	ondence concerning th	is matter to th	he following:	
	Michael Nie	derst			
			Name	of Person	
	NM Residen	tial, LLC			
			Firm	Company	
	485 N. Kelle	r Road, Suite 520			
			A	ddress	
	Maitland, Flo	orida 32751			
			City/State	and Zip Code	
		mresidential.com			· .
	ł	E-mail address: (to be	used for futu	re annual report notificat	ion)
For furthe	r information co	ncerning this matter, p	olease call:		
	Peggy Beiste		216 at (310-4937	
	Nam	e of Person	Area Cod	e Daytime Telephon	e Number
Enclosed	d is a check for the	ne following amount:			
≣\$ 125.	00 Filing Fee	□\$130.00 Filing F Certificate of Statu	is Cer	\$155.00 Filing Fee & tified Copy ional copy is enclosed)	☐S160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	<u>Mailin</u>	g Address		Street Address	
		iling Section on of Corporations		New Filing Section D The Centre of Tallah	
	P.O. B	ox 6327		2415 N. Monroe Stre	et, Suite 810
	Tallah	assee, FL 32314		Tallahassee, FL 3230	3.0

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 12/16/2022			≈WALK IN⇔
ENTITY NAME NMFRE	Holdings, LLC		
DOCUMENT NUMBER_			
	PLEASE FILE THE ATTACHED	AND RETURN	
<u> </u>	Plain Copy Certified Copy Certificate of Status		
***	LEASE OBTAIN THE FOLLOWING FO	R THE ABOVE ENTITY**	
	Certified Copy of Arts & Amendments Certificate of Good Standing		
	APOSTILLE' / NOTARIAL CI	ERTIFICATION	
COUNTRY OF DESTINATI NUMBER OF CERTIFICAT			
TOTAL OWED \$125	, , , , , , , , , , , , , , , , , , ,	ACCOUNT #: 120160000072	2
Please call Tina at th	e above number for any issues o	r concerns. Thank you so	much!

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

NMFRE Holdings				
(Must co	ontain the words "Limited	Liability Company, "	L.L.C.," or "LLC.")	
ARTICLE II - Address:				
he mailing address and stree	t address of the principal o	office of the Limited L	iability Company is:	
<u>Princ</u>	cipal Office Address:		Mailing Address:	
485 N. Keller Roa	d, Suite 520	485 N	. Keller Road, Suite 520	
Maitland, Florida	32751	Mairle	ind, Florida 32751	_
				_
RTICLE III - Registered A The Limited Liability Compa nother business entity with a	Agent, Registered Office, my cannot serve as its own in active Florida registratio	& Registered Agent Registered Agent. Y		- 22 DEC -
ARTICLE III - Registered A The Limited Liability Compa nother business entity with a	Agent, Registered Office, only cannot serve as its own in active Florida registration et address of the registered	& Registered Agent Registered Agent. Y on.) d agent are:	's Signature:	r ; [] [7]
RTICLE III - Registered A The Limited Liability Compa nother business entity with a	Agent, Registered Office, my cannot serve as its own in active Florida registratio	& Registered Agent Property on Property Registered Agent Y Registered Agent Agent Sent Agent A	's Signature:	5 DEC 16
ARTICLE III - Registered A The Limited Liability Compa nother business entity with a	Agent, Registered Office, only cannot serve as its own in active Florida registration et address of the registered	& Registered Agent Registered Agent. Y on.) d agent are:	's Signature:	FDEC 16 PM
ARTICLE III - Registered A The Limited Liability Compa nother business entity with a	Agent, Registered Office, only cannot serve as its own in active Florida registration et address of the registered	& Registered Agent Property Registered Agent. You.) If agent are: Bill & Rentz, P.A. Name	's Signature:	FDEC 16 PM
ARTICLE III - Registered A The Limited Liability Compa nother business entity with a	Agent, Registered Office, by cannot serve as its own active Florida registration et address of the registered Godbold, Downing, I	& Registered Agent Property Registered Agent. You.) If agent are: Bill & Rentz, P.A. Name	's Signature: ou must designate an individual or	5 DEC 16
ARTICLE III - Registered A	Agent, Registered Office, by cannot serve as its own active Florida registration et address of the registered Godbold, Downing, I	& Registered Agent (Registered Agent, Yon.) d agent are: Bill & Rentz, P.A. Name	's Signature: ou must designate an individual or	FDEC 16 PM

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

"AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGR — Manager	Michael Niederst 485 N. Keller Road, Suite 520
	Maitland, Florida 32751
	F q
(Use attachment if necessary)	
CLE V: Effective date, if other than the effective date is listed, the date must be of filing.)	ne date of filing: (OPTIONAL) be specific and cannot be more than five business days prior to or 90 deserts not meet the applicable statutory filing requirements, this date will not be timent of State's records.
CLE V: Effective date, if other than the effective date is listed, the date must e of filing.) If the date inserted in this block does cument's effective date on the Departure.	s not meet the applicable statutory filing requirements, this date will not b
CLE V: Effective date, if other than the effective date is listed, the date must e of filing.) If the date inserted in this block does cument's effective date on the Departicle VI: Other provisions, if any. REQUIRED SIGNATURE:	s not meet the applicable statutory filing requirements, this date will not be timent of State's records.
CLE V: Effective date, if other than the effective date is listed, the date must be of filing.) If the date inserted in this block does cument's effective date on the Department's effective date in this block does cument's effective date in this block does cument's effective date on the Department's effective date on the Departm	s not meet the applicable statutory filing requirements, this date will not b

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)