

L220000536937

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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(Business Entity Name)

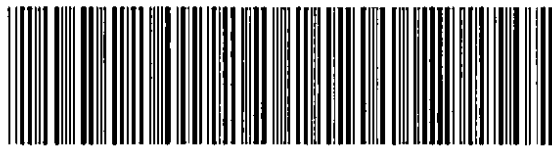
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DEC 21 2022

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
DEC 20 PM 11:13

12 1 12 11:13 AM DEC 20 2022

2022 DEC 20 PM 1:31

COVER LETTER

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

SUBJECT: NOBEFL 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:

Gregory F. Betancourt

Name of Person

Gregory F. Betancourt, P.A.

Firm/Company

6500 Cow Pen Road, Suite 303

Address

Miami Lakes, FL 33014

City/State and Zip Code

greg@betancourtlaw.com

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

For further information concerning this matter, please call:

Melinda Betancourt

786

417-6697

at ()

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 810
Tallahassee, FL 32303

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WALK IN

PICK UP: MISTY 12-20

CERTIFIED COPY

XX PHOTOCOPY

CUS

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LLC

NOBEFI, LLC

(CORPORATE NAME AND DOCUMENT #)

(CORPORATE NAME AND DOCUMENT #)

(CORPORATE NAME AND DOCUMENT #)

(CORPORATE NAME AND DOCUMENT #)

(CORPORATE NAME AND DOCUMENT #)

(CORPORATE NAME AND DOCUMENT #)

**SPECIAL
INSTRUCTIONS:**

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

NOBEFI, LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

6500 Cow Pen Road, Suite 303
Miami Lakes, FL 33014

Mailing Address:

6500 Cow Pen Road, Suite 303
Miami Lakes, FL 33014

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Gregory F. Betancourt

Name

6500 Cow Pen Road, Suite 303

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

Miami Lakes

FL

33014

City

State

Zip

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..

Gregory F. Betancourt (Dec 19 2022 16:16 EST)

Registered Agent's Signature (REQUIRED)

(CONTINUED)

72 DEC 20 PM 11:17

NOTAR PUBLIC
MARIANNE C. C. FLORES

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

MGR

Gregory F. Betancourt
13931 Leaning Pine Drive
Miami Lakes, FL 33014

MGR

Noelia Betancourt
195 W 51 St
Hialeah, FL 33012

MGR

Betty Morales
1908 Angels Hollow
Tallahassee, FL 32308

MGR

Noelvs Betancourt
115 W 50 St.
Hialeah, FL 33014

(Use attachment if necessary)

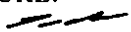
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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:


Gregory F. Betancourt (Doc. 19, 2022 16 16151)

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.

Gregory F. Betancourt

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)