

L23000030528

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

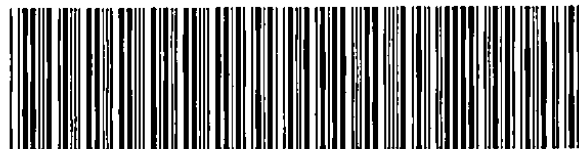
(Business Entity Name)

(Document Number)

ed Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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S. CHATHAM
JAN 24 2023

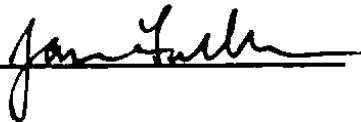
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
JAN 23 PM 4:56

RECEIVED
2023 JAN 23 PM 3:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

30 CLARE DRIVE
JL.AHASSEE, FL 32309
(813) 524-5437
(813) 524-6243

EASE USE FUNDS FROM ACCT: I20210000160 AMOUNT: \$ \$130.00

AUTHORIZATION:
AS HOLDING GROUP, LLC



Business Name

Document Number, (if known):

☐ Walk in

☐ Pick up time

☐ Mail out

☐ Will wait ☐ Photocopy

☐ Certified Copy of Articles of Merger

☒ Certificate of Status

NEW FILINGS

AMMENDMENTS

☐ Profit
☐ Not for Profit
☒ Limited Liability
☐ Domestication
☐ Other
☐ CORP
☐ PLLC

☐ Amendment
☐ Resignation of R.A. Officer/Director
☐ Change of Registered Agent
☐ Revocation of Dissolution
☐ Merger
☐ Conversion
☐ Amended and restated Articles
☐ Statement of Authority

OTHER FILINGS

REGISTRATION/QUALIFICATIONS

☐ Annual Report
☐ Fictitious Name

☐ Foreign filing
☐ Limited Partnership
☐ Reinstatement

APOSTIL() _____
Country

☐ Other

OWNER'S INITIALS: _____

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: NAS Holding Group, 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:

Olivia Warden

Name of Person

Steven Serle, P.A.

Firm/Company

5820 N. Federal Hwy

Address

Boca Raton, FL 33487

City/State and Zip Code

olivia@stevenserlepa.com

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

For further information concerning this matter, please call:

Garry Spear at (561) 912-3575
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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

NAS Holding Group, 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:

Mailing Address:

5541 N. Military Trail

Boca Raton, FL 33496

5541 N. Military Trail

Boca Raton, FL 33496

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:

Steven Serle, P.A.

Name

5820 N. Federal Hwy

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

Boca Raton

FL

33487

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

SECTION 605
DIVISION OF
JAN 23 PM 4 56

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

Nicolas Scoppettone
5541 N. Military Trail
Boca Raton, FL 33496

FILED
STATE OF FLORIDA
DIVISION OF CORPORATION
JAN 23 PM 4:56

(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

Nicolas Scoppettone

doqoop verified
01/19/23 2:54 PM EST
4CKP KCV-TJNY-YDTJ

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.

Nicolas Scoppettone

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)