# UZ300082950

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

Office Use Only



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## COVER LETTER

TO:	New Filing Sec Division of Co			
SUBJ	ECT:	Name of Lim	ited Liability Company	
The en	closed Articles of	Organization and fee(s) are	submitted for filing.	
Please	return all corresp	ondence concerning this mat	ter to the following:	
		PIYUSH	JAIN	
		_ <del> </del> '.	Name of Person	
			Firm/Company	
	_601	NE 23	ord Street, U	NIT1502
	MJ	AMI, FL	33/37 ty/State and Zip Code	
	Pj	ONA PINC E-mail address to be used	or flure annual report notificat	ion)
For furt	F		350,294-2	
	Nan	ne of Person Ar	ea Code Daytime Telephon	e Number
Enclos	sed is a check for	the following amount:		
□\$12	5.00 Filing Fee	<b>≱\$</b> 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)
	Maili	na Addross	Street Address	

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:					
NASA Holdings					
(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:				
601 NE 23rd Street					
<u>UNIT 1502</u>	same_				
MIAMI, FL, 33/37					
ARTICLE III - Registered Agent, Registered Office, & Registered Agent, Che Limited Liability Company cannot serve as its own Registered Agent					

another business entity with an active Florida registration.)

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

PUSHPA JAIN

Name

1158 Old Fort Drive

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

Tallahussee FL 32301

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.

Registere Agent's Signature (REQUIRED)

(CONTINUED)

## ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: "AMBR" = Authorized Member "MGR" = Manager (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:

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.

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)