

L23000083419

Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : PREMIER ADVISORY GROUP INC
Account Number : I20200000085
Phone : (305)370-9567
Fax Number : (305)675-0551

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

Email Address: G.castilla@premieradvisorygroup.us

**FLORIDA LIMITED LIABILITY CO.
NOMADS MARKETING GROUP LLC**

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

Electronic Filing
Menu

Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

NOMADS MARKETING 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:

5300 NW 85TH AVE

5300 NW 85TH AVE

UNIT 606

UNIT 606

DORAL, FL 33166

DORAL, FL 33166

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:

PREMIER ADVISORY GROUP INC

Not

8300 W FLAGLER STREET STE 254-E

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

MIAMI

FL

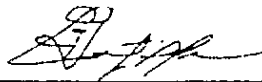
33144

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 ~~its~~ 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 (**Not** acceptable)

(CONTINUED)

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

CATALINA QUINTERO RIVERA

5300 NW 85TH AVE UNIT 606

DORAL, FL 33166

MGR

CARLOS E. NAVAS QUINTERO

5300 NW 85TH AVE UNIT 606

DORAL, FL 33166

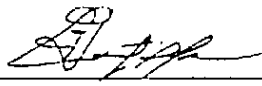
(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: FEB 17, 2023 (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.

GUILLERMO CASTILLA-ROSELL

Typed or printed name of signer

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)

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ALLAHAMSETT, FL ORID/