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(((H23000071303 3)))



H230000713033ABCT

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To:

Division of Corporations

Fax Number : (850)517-6381

From:

Account Name : PEDRO LUZQUINOS Account Number : I2017000042 : (954)655-8413 Phane Fax Number : (954)432-8807

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

Email address: PLUTQUIAITFIC HOTMAIL. COM

FLORIDA LIMITED LIABILITY CO. NICO'S AUTO & FABRICATION LLC

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Help

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COVER LETTER

	New Filing Section Division of Corporations	
SUBJECT	NICO'S AUTO & FABRICATION LLC	
, , , , ,	Name of Limited Liability Comp	pany
The enclos	losed Articles of Organization and fee(s) are submitted for filin	<u>g</u> .
Please rett	eturn all correspondence concerning this matter to the following	g:
	THOMSON, NICHOLAS S.	
	Name of Person	
	Firm/Company	
	3010 SW 64TH AVENUE	
	Address	
	MIRAMAR, FL 33023	
	City/State and Zip Co NICOTHOMSON87@YAHOO.COM	de
	E-mail address: (to be used for future annual re	port notification)
For further in	r information concerning this matter, please call:	
	PEDRO LUZQUINOS 954 655-8	413
	· · · · · · · · · · · · · · · · · · ·	me Telephone Number
Enclosed is	is a check for the following amount:	
\$125.00 Fi	Filing Fee \$130.00 Filing Fee & \$155.00 Filing Certified Copy (additional copy is	Certificate of Status &
		ddress ng Section of Corporations

H23000071303)

P.O. Box 6327

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

4270000713033

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ART	\mathbf{R}^{-1}	LE F	. 50	OIC:

The name of the Unnited Liability Company is:

NICO'S AUTO & FABRICATION LLC

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

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

 3010 SW 64TH AVENUE
 3010 SW 64TH AVENUE

 MIRAMAR, FL 33023
 MIRAMAR, FL 33023

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

THOMSON, NICHOLAS S.

Namie

3010 SW 64TH AVENUE

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

MIRAMAR FL 33023

Having been named as registered agent and in accept service of process for the above stated limited liability company at the place designated in this certificate. Thereby accept the appointment as registered agent and agree to act in this capacity. I further acree to comply with the provisions of all statutes relating to the proper and complete performance of my didies, and I am fundion wait and occupit the obligations of my position as registered agent as provided for in Chapter 605. F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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Title: "AMBR" = Authorized Member	Name and Address:
"MGR" Manager AMBR	THOMSON, NICHOLAS S. 3010 SW 64TH AVE MIRAMAR, FL 33023
(Use attachment if necessary)	
ZOSETNA TO POLICIO CONTRA CONT	
te of filing.) If the date inserted in this block does not meet the a	applicable statutory filing requirements, this date will not be lister
te of filing.) If the date inserted in this block does not meet the a seament's effective date on the Department of State's CLE VI: Other provisions, if any.	
te of filing.) If the date inserted in this block does not meet the a cument's effective date on the Department of State's CLE VI: Other provisions, if any.	applicable statutory filing requirements, this date will not be listed
te of filing.) If the date inserted in this block does not meet the a seament's effective date on the Department of State's CLEVI: Other provisions, if any. REQUIRED SIGNATURE	applicable statutory filing requirements, this date will not be liste s records.
REOURED SIGNATURE Signature of a member or This document is executed in this block does not meet the a secure of State's CLEVI: Other provisions, if any.	an authorized representative of a member. cordance with section 608.0203 (1) (b), Florida Statutes, tion submitted in a document to the Department of State

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- § 30.00 Certified Copy (Optional)
- S 5.00 Certificate of Status (Optional)

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