6/30/23, 9:43 AM

Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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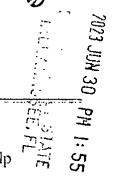
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FLORIDA LIMITED LIABILITY CO. NICKCLA LLC

Certificate of Status	0
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Electronic Filing Menu

Corporate Filing Menu



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

NICKCLA LL	С	
(Must end with the word	ds "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:	
3675 N Country Club Drive Apt 310 Aventura; FL-90180	3675 N Country Club Drive Apt 310 Aventura, Ft. 33180	<u></u>
		-
ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve another business entity with an active Florida	as its own Registered Agent. You must designate an indis	ridual or
The name and the Florida street address of the	e registered agent are:	
Luz Ochoa		
	Name	
3675 N Country Club		
Florida street address	s (P.O. Box <u>NOT</u> acceptable)	
Aventura	FI. 33180	
City	Zip	
the place designated in this certificate, I he capacity. I further agree to comply with the p	o accept service of process for the above stated limited liabilitely accept the appointment as registered agent and agree provisions of all statutes relating to the proper and complet cept the obligations of my position as registered agent as proceedings of the Chapter 605, F.S	to act in this e perfo rm ance
Lu	z Ochoa	
Registered Age	ent's Signature (REQUIRED)	
(0	CONTINUED)	;
	Page Lof 2	2023 J.

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	Luz Ochoa
AMBR	3675 N Country Club Drive Apt 310
	Aventura, FL 33180
	
(Use attachment if necessary) EV: Effective date, if other than the date of ective date is listed, the date must be spend filling.) EVI: Other provisions, if any.	of filing: (OPTIONAL) cific and cannot be more than five business days prior to or 9(
EV: Effective date, if other than the date of ective date is listed, the date must be spenfilling.)	of filing: (OPTIONAL)
EV: Effective date, if other than the date of ective date is listed, the date must be spend filling.) EVI: Other provisions, if any. REQUIRED SIGNATURE:	of filing: (OPTIONAL)
EV: Effective date, if other than the date of ective date is listed, the date must be specifiling.) EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a men (In accordance with section 6 constitutes an affirmation on I am aware that any false info	of filing: (OPTIONAL) ciffe and cannot be more than five business days prior to or 90

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