

8/30/23, 5:51 PM

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

L23000406678

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H23000203079 3)))



H23000203079 3

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : BARINAS & ASSOCIATES INC.
Account Number : 128808240082
Phone : (305)871-0859
Fax Number : (305)870-9623

S. CHATHAM
SEP - 5 2023

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

Email Address: _____

FLORIDA LIMITED LIABILITY CO.

Nao Santa maria LLC

Certificate of Status	1
Certified Copy	1
Page Count	03
Estimated Charge	\$160.00

RECEIVED

2023 SEP - 1 AM 8:36

CORPORATIONS
DIVISION

Electronic Filing Menu

Corporate Filing Menu

Help

DocuSign Envelope ID: 656E88D1-79CA-4550-9B79-D0689B9A178F

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

NAO SANTA MARIA 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:8925 NW 189 TERRACE
HIALEAH FL 33018Mailing Address:8925 NW 189 TERRACE
HIALEAH FL 33018

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:

DANIEL CRISTOBAL

Name

8925 NW 189 TERRACEFlorida street address (P.O. Box NOT acceptable)HIALEAH

City

FL

State

33018

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.

Designated by

DANIEL CRISTOBAL CRUZ

Registered Agent's Signature (REQUIRED)

(CONTINUED)

DocuSign Envelope ID: 650E88D1-79CA-4650-9B79-D0689E9A17B7

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR**Name and Address:**DANIEL CRISTOBAL5925 NW 189 TERRACEHALEAH FL 33018

2023 SEP -1 AM 10:01

(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:**

DocuSigned by:

DANIEL CRISTOBAL CRUZ

13892140633

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.

DANIEL CRISTOBAL

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)