## Division of Corporations Electronic Filing Cover Sheet

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## FLORIDA LIMITED LIABILITY CO. ELIO.NILSA INSURANCE LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

Electronic Filing Menu Corporate Filing Menu

Help

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ELIO NILSA INSURANCE LLC		
(Must contain the words "Limited Liabili	ty Company, "L.L.C	2.," or "LLC.")
 E II - Address: ng address and street address of the principal office o	of the Limited Liabil	ity Company is:
Principal Office Address:		Mailing Address:
14438 SW 16 Street Miami, Florida 33175	SAME	
	<del> </del>	

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

Elio Cases		
	Name	
14438 SW 16 Stree	tt	
Florida street addr	ess (P.O. Box <u>NOT</u> acc	eptable)
Miami	Florida	33175
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 approvided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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To:

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

Ambr Elio Cases  14438 SW 16 Street Mami: Florida 33175  Ambr Nilsa M, Escinosa 14438 SW 16 Street Miami: Florida 33175  V: Effective date, if other than the date of filing:  (OP FIONAL) tive date is listed, the data must be specific and cannot be more than five business days prior to or 90 filing.) ne date inserted in this block does not meet the applicable statutory filing requirements, this date will not ent's effective date on the Department of State's records.  VI: Other provisions, if any.  EFOURED SIGNATURE:  Signature of a present any authorized representative of a member. This document's excluded in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false inforfiation submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.  Elio Cases  Typert or printed name of signee  Filing Fees: S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent  5 30.00 Cortified Copy (Optional)	AMBR" = Authorized Member		
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