

U24000065423

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

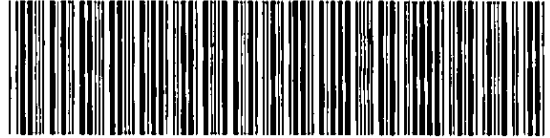
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer.

Office Use Only



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02/08/24--01003--003 \*\*330.00

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2024 JAN -7 PM 12:42

2024 FEB -7 PM 4:12

U.S. DEPARTMENT OF JUSTICE

ALLAHABAD, FLORIDA



12905 SW 42<sup>nd</sup> ST., Ste: 210  
Miami, FL 33175  
Phone: 305-444-4994 / 305-444-4977  
Email: [filing@ecfsfiling.com](mailto:filing@ecfsfiling.com)

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBERS(S):

1. 201 NW Investment LLC

(CORPORATE NAME)

(DOCUMENT #)

2. \_\_\_\_\_

(CORPORATE NAME)

(DOCUMENT #)

3. \_\_\_\_\_

(CORPORATE NAME)

(DOCUMENT #)

☐ Walk-In

☒ Pick up time: \_\_\_\_\_

☒ Certified Copy

☐ Certificate of Status

New Filings	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	Non-Profit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Other:

Amendments	
<input type="checkbox"/>	Amendments
<input type="checkbox"/>	Resignation
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Other:

Other Filings	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Apostille:
<input type="checkbox"/>	Other:

Examiners Initials

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

**201 NW INVESTMENT LLC**

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")

**ARTICLE II - Address:**

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

**Principal Office Address:**

**14601 HARRIS PL  
MIAMI LAKES, FLORIDA 33014**

**Mailing Address:**

**14601 HARRIS PL  
MIAMI LAKES, FLORIDA 33014**

**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:

**FELIX R. MESA**

Name

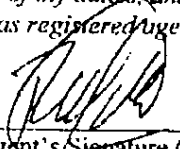
**14601 HARRIS PL**

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

**MIAMI LAKES, FLORIDA 33014**

City, State, and 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.*

  
\_\_\_\_\_  
Registered Agent's Signature (REQUIRED)

7/24 JUN-7 PM 12:10

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**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"AGRM" = Authorized Member

**Name and Address:**

**AMBR**

FELIX R. MESA  
14601 HARRIS PL  
MIAMI LAKES, FLORIDA 33014

**AMBR**

**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.)

**ARTICLE VI:** Other provisions, if Any:

None

**REQUIRED SIGNATURE:**



**Signature of a member or an authorized representative of a member.**

In accordance with section 605.0203(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.

**FELIX R. MESA**

Typed or printed name of signee