Division of Corporations Electronic Filing Cover Sheet

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.

(((H240002193093)))



H240002193093ABC/

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

fo:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019

Phone Fax Number : (305)552-5973 : (305)675-5944

**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. NXTLVL MULTI-REACH LLC

Certificate of Status	ı
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

Electronic Filing Menu

Corporate Filing Menu

Help





ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ADTICI D	- O I MAINTINE
ARTICLE I - Name: The name of the Limited Liability Company is:	
- NxtLvl Multi-Reach L	1 (
ARTICLE H. Add	
The mailing address and street address of the principal office Company is:	ce of the Limited Linkiller.
1 X 1 1 M C + 1 A - M-	
10177 SW 100m ave cutter	Bay -1 33157
ARTICLE III	
ARTICLE III - Registered Agent, Registered Office:	
The name and the Florida street address of the registered age with an active Florida registered Agent. You must designate an individual or a control of the registeration.)	ent are: (The Limited Cability
	another business entity
here Alejando Nuñez	·
107714 C	
18774 SW 100th are cutterion	Cl 32 ca
- Colin hay	F1 33157
DTICLE D.	
RTICLE IV	3.4
he name and title of each person authorized to manage and on iability Company: (MGR or AMBR)	control the Limitual
V a a a h h h	STATE OF THE PARTY
Here Alejandro Nunes (AMB)	
(131 110)	<u> </u>
	2 2 2 1/1
	.9.7 % D
	STA DO
	75.00.00.00.00.00.00.00.00.00.00.00.00.00
	0.25 S J D S J D S J D D D D D D D D D D D D
	D 87.07.55

Required Signatures:

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

In accordance with section 605.0203 (1) (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.

Rene Aleyado Wall
Typed or printed name of signee

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)