

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.

(((H24000258266 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 : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : I20000000146 Phone : (305)444-4994 Fax Number : (305)328-4774

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

FLORIDA LIMITED LIABILITY CO. NXT LVL PROPERTY SOLUTIONS LLC

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:

NXT LVL Property Solutions LLC

(Must contain the words "Limited Liability Company, "L.I.,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:
22316 SW 89 Ct	22316 SW 89 C:
Cutler Bay, FL 33190	Cutter Bay, FL 33190

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:

Georgina Blanco, PA	·	
	Name	-
10261 Sunset Dr., Su	nite C-101	
Florida street addres	s (P.O. Box <u>NOT</u> ac	eceptable)
Miami	FL.	33173
City	State	Zio

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 processition as registered agent as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGR	BRINNIBERT PIMENTEL, P.A. 22316 SW 89 CT. CUTLER BAY, FL 33190
MGR	LUCAS PELAEZ ÇORP 1100 NW 7th AVE FT LAUDERDALE, FL 33311
effective date is listed, the date must be ate of filing.)	late of filing:
ICLE V: Effective date, if other than the defective date is listed, the date must be ate of filing.) If the date inserted in this block does not be aterial.	specific and cannot be more than five business days prior to or 90 day of meet the applicable statutory filing requirements, this date will not be
ICLE V: Effective date, if other than the distributed attention of feetive date is listed, the date must be attentional feeting.) If the date inserted in this block does not must be determined in the Department's effective date on the Department.	specific and cannot be more than five business days prior to or 90 day of meet the applicable statutory filing requirements, this date will not be

Filing Fres:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)