

Division of Corporations

Florida Department of State  
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.

((H24000271181 3)))



H240002711813ABC-

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 : MJD ACCOUNTING SERVICES CORP  
Account Number : I20220000156  
Phone : (954)471-5645  
Fax Number : (305)356-3688

\*\*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.  
NELBU INVESTMENT LLC

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$130.00

2024 AUG 13 AM 11:33

RECEIVED

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
ELECTRONIC FILING

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

2024 AUG 13 PM 12:14

Electronic Filing Menu

Corporate Filing Menu

Help

MA

## COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: NELBU INVESMENT LLC  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

NELSON RODOLFO BUITRAGO PEDRAZA

Name of Person

NELBU INVESTMENT LLC

Firm/Company

7321 NW 85TH STREET APT 103

Address

TAMARAC FL 33321

City/State and Zip Code

NELSON2774@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

NELSON BUITRAGO

754

215-3537

at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☒ \$130.00 Filing Fee &  
Certificate of Status

☐ \$155.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$160.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

Mailing Address

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address

New Filing Section Division  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

FILED  
SECRETARY OF  
DIVISION OF CORPORATIONS

2024 AUG 13 PM 12:15

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

NELBU INVESMENT 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:7321 NW 85TH ST APT 103  
TAMARAC FL 33321Mailing Address:7321 NW 85TH ST APT 103  
TAMARAC FL 33321

## ARTICLE III - Registered Agent, Registered Office, &amp; 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:

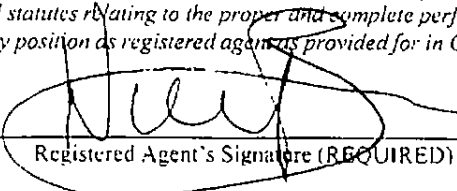
NELSON RODOLFO BUITRAGO PEDRAZA

Name

7321 NW 85TH ST APT 103Florida street address (P.O. Box **NOT** acceptable)

<u>TAMARAC</u>	<u>FL</u>	<u>33321</u>
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 as provided for in Chapter 605, F.S..

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

(CONTINUED)

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

MANAGER

NELSON RODOLFO BUITRAGO PEDRAZA

7321 NW 85TH ST APT 103

TAMARAC FL 33321

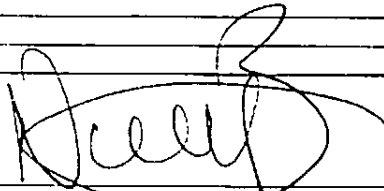
(Use attachment if necessary)

**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:**

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.

NELSON RODOLFO BUITRAGO PEDRAZA

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)