

L24000380570

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

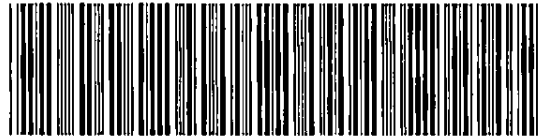
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CLERK OF STATE
TALLAHASSEE, FL

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CLERK OF STATE
TALLAHASSEE, FL 32304

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

PLEASE USE FUNDS FROM THIS ACCOUNT: I20210000160: \$125.00 _____

AUTHORIZATION SIGNATURE: _____ *[Signature]*

NEXIO HUB, LLC

BUSINESS (Name)

Document #.

___ Walk in

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___ Mail out

___ Will wait

___ Photocopy

___ Certified Copy

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NEW FILINGS

___ Profit

___ Not for Profit

X Limited Liability

___ Domestication

___ CORP

___ LLLP

AMMENDMENTS

___ Amendment

___ Resignation of R.A. Officer/Director

___ Change of Registered Agent

___ Dissociation or Resignation

___ Merger

___ Conversion

OTHER FILINGS

___ Annual Report

___ Fictitious Name

___ APOSTIL () _____
Country

REGISTRATION/QUALIFICATIONS

___ Foreign Filing

___ Limited Partnership

___ Reinstatement

___ Trademark

___ STATEMENT OF AUTHORITY

EXAMINER'S INITIALS: _____

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FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

PLEASE USE FUNDS FROM THIS ACCOUNT: 120210000160: \$125.00 _____

AUTHORIZATION SIGNATURE: *L. D.*

NEXIO HUB, LLC

BUSINESS (Name)

Document #.

☐ Walk in

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☐ **Certified Copy**

☐ **Certificate of Status**

NEW FILINGS

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☐ Annual Report

☐ Fictitious Name

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Country

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☐ Limited Partnership

☐ Reinstatement

☐ Trademark

☐ STATEMENT OF AUTHORITY

EXAMINER'S INITIALS: _____

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2024 SEP -4 AM 9:17
TALLAHASSEE, FL
SECRETARY OF STATE

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: NEXIO HUB 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:

OLGA RONDON

Name of Person

Firm/Company

5580 NW 107TH AVE UNIT 1212

Address

DORAL, FL 33178

City/State and Zip Code

info@nexiohub.net

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

For further information concerning this matter, please call:

OLGA RONDON

786

6429335

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

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TALLAHASSEE, FL

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

NEXIO HUB 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:

5580 NW 107TH AVE UNIT 1212
DORAL, FL 33178

Mailing Address:

5580 NW 107TH AVE UNIT 1212
DORAL, FL 33178

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:

LEGACY RA GROUP INC

Name

2330 CLARE DR

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

TALLAHASSEE

FL

32309

City

State

Zip

CLERK OF COURT
TALLAHASSEE, FL

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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.

Olga Rondon

Leresa C. Hillman

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:

MGR

OLGA RONDON
5580 NW 107TH AVE UNIT 1212
DORAL, FL 33178

(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:

Olga Rondon

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.

OLGA RONDON

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)

2024 SEP -14 AM 9:47
DEPT. OF STATE
TALLAHASSEE, FL

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