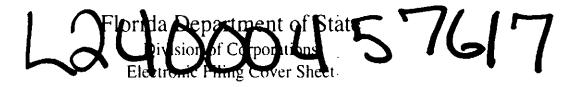
Division of Corporations



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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : BSB CONSULTING SERVICES LLC

Account Number : I20230000011 Phone : (561)317-9598 .

Fax Number : (786)544-6051

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

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## FLORIDA LIMITED LIABILITY CO.

## Nouvelaire Atelier LLC

Certificate of Status	0
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Estimated Charge	\$125.00

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October 28, 2024



FLORIDA DEPARTMENT OF STATE Division of Corporations

BSB CONSULTING SERVICES LLC 3105 NW 107TH AVE STE 400 DORAL, FL 33172US

SUBJECT: NOUVELAIRE ATELIER LLC

REF: W24000146025

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name of the entity listed on the fax cover sheet and the name of the entity listed in the document must be identical. Please amend the document or the fax cover sheet accordingly.

If you have any further questions concerning your document, please call (850) 245-6052.

KAIN COSTELLO Regulatory Specialist II New Filing Section

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FAX Aud. #: H24000355914 Letter Number: 224A00023682

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## **COVER LETTER**

	New Filing Section Division of Corporations	٠.		
SUBJEC"	Nouvelaire Atelier LLC		•	
SUBSEC		nited Liability Company	•	
The enclose	sed Articles of Organization and fee(s) ar	e submitted for filing.		
Please return all correspondence concerning this matt		atter to the following:	¥3 3.7	
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, <del>'</del> - ,		Name of Person		
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or opening		Firm/Company	. 1	
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For further	information concerning this matter, pleas	e call:		
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i pe et <sup>light</sup> Enclosed i	is a check for the following amount:		:-1	
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	Mailing Address New Filing Section	Street Addro New Filing S	_	vision
	Division of Corporations	The Centre of	of Tallaha	ssee
	P.O. Box 6327	2415 N. Mor		

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City	State	Zip
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	iw 107 th Ave . si la street address (	tw 107 th Ave , suite 603.  da street address (P.O. Box <u>NOT</u> a

(CONTINUED)

Registered Agent's Signature (REQUIRED)

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## H24000355914 3

Title: "AMBR" = Authorized "MGR" = Manager	Name and Address: Member	
MCR	FERES LOPEZ, FERNANDO	
	3105 pw 107 th Ave , suite 400, Doral , Fl 33172.	<u>_</u> _
MGR	FERES LOPEZ, JORGE 3105 nw 107 th Ave., suite 400, Doral, FI 33172.	
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