

L24000457617
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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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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RECEIVED
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FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FL

FLORIDA LIMITED LIABILITY CO.

Nouvelaire Atelier LLC

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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

FAX Aud. #: H24000355914
Letter Number: 224A00023682

H24000355914 3

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Nouvelaire Atelier 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:

| |
|--------------------------------------------------------------------|
| Name of Person |
| Firm/Company |
| Address |
| City/State and Zip Code |
| E-mail address: (to be used for future annual report notification) |

For further information concerning this matter, please call:

| | | |
|----------------|----------------|--------------------------|
| Name of Person | at (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

H24000355914 3

H24000355914 3

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Nouvelaire Atelier 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:

Mailing Address:

3105 nw 107 th Ave . suite 400.

Doral . FL 33172.

3105 nw 107 th Ave . suite 603.

Doral . FL 33172.

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:

BSB CONSULTING SERVICES LLC

Name

3105 nw 107 th Ave . suite 603.

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

DORAL

FL


33172

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)

H24000355914 3

H24000355914 3

ARTICLE IV-

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

Title:

Name and Address:

AMBR = Authorized Member

MGR = Manager

MGR

FERES LOPEZ, FERNANDO

3105 nw 107 th Ave, suite 400, Doral, FL 33172

MGR

FERES LOPEZ, JORGE

3105 nw 107 th Ave, suite 400, Doral, FL 33172

(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.

FERES LOPEZ, FERNANDO

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)

H24000355914 3