

L24000 485030

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

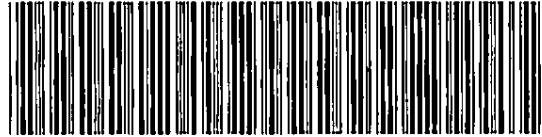
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TALLAHASSEE, FL

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FLORIDA
TALLAHASSEE, FL

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: NATCASS 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:

ANDRES HURTADO

Name of Person

NATCASS LLC

Firm/Company

1827 BUSINESS CENTER LANE

Address

KISSIMMEE, FL 34758

City/State and Zip Code

info@jcbolutionsinc.net

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

For further information concerning this matter, please call:

ANDRES HURTADO

866

296-1833

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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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

NATCASS 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:

1827 BUSINESS CENTER LANE
KISSIMMEE, FL 34758

Mailing Address:

1827 BUSINESS CENTER LANE
KISSIMMEE, FL 34758

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:

JC Business Solutions Inc

Name

7500 NW 25th ST Suite 237

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

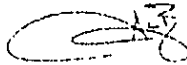
Doral, Florida 33122

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)

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STATE

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:

AMBR	ANDRES HURTADO 1827 BUSINESS CENTER LANE KISSIMMEE FL 34758
MGRM	PEDRO CABRERA SCHEIDER LLC 5000 SW 199TH AVE SOUTHWEST RANCHES, FL 33332
MGRM	AQUA PROPERTY CARE LLC 1827 BUSINESS CENTER LANE KISSIMMEE FL 34758
MGRM	MINDGAP LLC 1827 BUSINESS CENTER LANE KISSIMMEE, FL 34758
MGRM	METODO TREPADOR LLC 1827 BUSINESS CENTER LANE KISSIMMEE, FL 34758
MGRM	SERENDIPIA NAT LLC 1827 BUSINESS CENTER LANE KISSIMMEE FL 34758
AMBR	ALEJANDRO GOMEZ VARGAS 1827 BUSINESS CENTER LANE KISSIMMEE, FL 34758

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TALLAHASSEE, FL

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:

firmado por.

Andres Hurtado

C34C185C172549E...

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.

ANDRES HURTADO - MANAGER

Typed or printed name of signer

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)