

W24000497139

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : MANRIQUE GROUP INC
Account Number : I20230000155
Phone : (305)794-3714
Fax Number : (754)755-3388

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

Email Address: Manriquegroupinc@gmail.com

SECRETARY OF STATE
TALLAHASSEE, FL

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FLORIDA LIMITED LIABILITY CO.
NELSON OLIVERA SERVICES LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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2024 DEC -2 PM 1:10

Electronic Filing Menu

Corporate Filing Menu

Help

Articles of Organization For Florida Limited Liability Company

Article I

The name of the Limited Liability Company is:

NELSON OLIVERA SERVICES LLC

Article II

The street address of the principal office of the Limited Liability Company is:

7340 CARLYLE AVE APT 4
MIAMI BEACH, FL 33141

The mailing address of the Limited Liability Company is:

7340 CARLYLE AVE APT 4
MIAMI BEACH, FL 33141

Article III

The name and Florida street address of the registered agent is:

MANUEL OLIVERA - AMBR
7340 CARLYLE AVE APT 4
MIAMI BEACH, FL 33141

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.

Registered Agent Signature: *Manuel Olivera*

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DIVISION OF CORPORATIONS
AND BUSINESSES
JAN 2 2025
MIAMI BEACH, FL

Article IV

The name and address of person(s) authorized to manage LLC:

Title: AMBR
MANUEL OLIVERA - AMBR
7340 CARLYLE AVE APT 4
MIAMI BEACH, FL 33141

Article V

The effective date for this Limited Liability Company shall be:

12/01/2024

Signature of member or an authorized representative

Electronic Signature: *Manuel Olivera*

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.