# L14000514157

| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
|   |
| (Business Entity Name)                  |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
|   |
|   |
|   |
|   |

Office Use Only



900439556419

2024 DEC 1.0 K.1 9: 4-

2024-DEC 10 AHTH: 24

門の四の河の

## Sunshine State Corporate Compliance Company

### 3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

|                       |  |                    | <b>*</b> *Ⅲ/4 / | K IN⇔ |
|-----------------------|--|--------------------|-----------------|-------|
| ENTITY NAME NED E     | estates LLC  |                    | W.A.            |       |
|                       |  |                    |                 |       |
| DOCUMENT NUMBER_      |  |                    | 2024 DEG        |       |
|                       | **PLEASE FILE THE ATTAC  | CHED AND RETURN**  | 0               |       |
| XXXXXXXX              | Plain Copy   |                    | M 9: 47         |       |
|                       | Certified Copy   |                    | 19 <b>19</b>    | -     |
|                       | Certificate of Status  |                    | 11., ~          |       |
|                       | Certified Copy of Arts & Amend<br>Certificate of Good Standing | ments              |                 |       |
|                       | **APOSTILLE' / NOTARIA   | L CERTIFICATION**  |                 |       |
| COUNTRY OF DESTINA    | TION   |                    |                 |       |
| NUMBER OF CERTIFICA   | TES REQUESTED  |                    |                 |       |
| TOTAL OWED \$125.00   | 0  | ACCOUNT #: I201600 | 00072           |       |
|                       |  | S 87M              | <i>,</i>        |       |
| Places wall Time at 1 | the above number for any issu                                  |                    |                 |       |

#### COVER LETTER

| TO:               | New Filing Section Division of Corporations   |   |
|-------------------|---|---|
| SUBJEC            | Tr. NED Estates LLC   |   |
| SUBJEN            | Name of Limited Liability Company   | <del></del>   |
|                   |   |   |
| The encl          | osed Articles of Organization and fee(s) are submitted for filing.  |   |
| Please ro         | turn all correspondence concerning this matter to the following:  |   |
|                   | Natalia E Diaz  |   |
|                   | Name of Person  | 20  |
|                   |   | 24 DEC  |
|                   | Firm/Company  | 2024 DEG  |
|                   | 14805 Tangelo Blvd  |   |
|                   | Address   | 9: 47   |
|                   | West Palm Beach, FL 33412   |   |
|                   | City/State and Zip Code   |   |
|                   | E-mail address: (to be used for future annual report notification)  |   |
| For furthe        | r information concerning this matter, please call:  |   |
|                   | Natalia E Diaz at ( 305 ) 608-1519  |   |
|                   | Name of Person Area Code Daytime Telephone Number   |   |
| Enclosed          | l is a check for the following amount:  |   |
| C <b>X</b> \$125. | Certificate of Status Certified Copy Certific (additional copy is enclosed) Certific  | .00 Filing Fee, rate of Status & ed Copy al 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 819 Tallahassee, FL 32303 | )   |

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| (Must contain th  |   |                          |   |  |
|---|---|--------------------------|---|--|
| DTICLEH Address   | ne words "Limited Lia                           | bility Compa             | iny, "L.L.C.," or "LLC.")                       |  |
| ne mailing address and street addres                                      | s of the principal offic                        | e of the Lim             | ited Liability Company is:                      |  |
| <u>Principal Of</u>   | ncipal Office Address;                          |                          | Mailing Address:                                |  |
|   | 14805 Tangelo Blvd<br>West Palm Beach, FL 33412 |                          | 14805 Tangelo Blvd<br>West Palm Beach, FL 33412 |  |
| other business entity with an active ne name and the Florida street addre | ess of the registered ag                        | ent are:                 |   |  |
| _   | 14805 Tangelo I                                 | Blvd                     |   |  |
| FI  | orida street address (P                         | .O. Box <u><b>NO</b></u> | T acceptable)                                   |  |
|   |   | ĖL                       | 33412   |  |
|   | West Palm Beach                                 | <u> </u>                 | 00412   |  |

(CONTINUED)

| "AMBR" = Authorized !   |   | nd Address:                    |                    |
|---|---|--------------------------------|--------------------|
| "MGR" = Manager   |   |                                |                    |
| AMBR  | Natalia E (   | Diaz                           |                    |
| 711110111   |   | ngelo Blvd                     |                    |
|   | <u>West Palm</u>  | n Beach, FL 33412              | <del></del>        |
|   |   |                                |                    |
|   |   |                                |                    |
|   |   |                                | 77                 |
|   |   |                                |                    |
|   |   |                                | <del></del>        |
|   |   |                                | . 5                |
|   |   |                                | // 19 <b>47</b>    |
|   | ***************************************   |                                | <u> </u>           |
|   |   |                                | 9 <b>5.7</b>       |
| (Use attachment if neces:   | ary)  |                                | 1.,                |
| LE V: Effective date, if other fective date is listed, the coof filing.)                  | er than the date of filing:  ate must be specific and cannot be lock does not meet the applicable s | e more than five business days | prior to or 90 day |
| f the date inserted in this l   | ne Department of State's records.   |                                |                    |
| f the date inserted in this had iment's effective date on the LE VI: Other provisions, if | any.  |                                |                    |
| f the date inserted in this had iment's effective date on the LE VI: Other provisions, if |   |                                |                    |
| f the date inserted in this had iment's effective date on the LE VI: Other provisions, if | any.  |                                |                    |
| f the date inserted in this tument's effective date on the LE VI: Other provisions, if    | any.  |                                |                    |

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 (2017)

- \$ 5.00 Certificate of Status (Optional)