

L250000028622

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

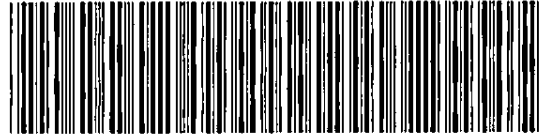
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500439124485

2025 JAN 24 PM 3:47

2025 JAN 24 AM 11:24

FILED

RECEIVED

1-24-25

1-24-25



CSC - Tallahassee
1201 Hays Street
Tallahassee, FL 32301-2607
850-558-1500, Ext: x62969

To: Department Of State, Division Of Corporations
From: Amanda Miller
Ext: x62969
Date: 01/22/25
Order #: 1779143-1
Re: Nola Mex LLC
Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Certificate of Formation/Incorporation

Amount to be deducted from our State Account: \$125.00 - FL State Account Number:
120000000195

Please take the following action:

File in your office on basis
Issue Proof of Filing

Special Instructions:

A handwritten signature in cursive script, appearing to read "Amanda Miller", is written over the "Special Instructions" field.

Thank you for your assistance in this matter. If there are any problems or questions with this filing,
please call our office.

2025 JAN 24 PM 9:47

FILED

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

Article I

The name of the Limited Liability Company is:

Nola Mex LLC

Article II

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

880 Spyglass Lane
Naples, Florida 34102

The mailing address of the Limited Liability Company is:

880 Spyglass Lane
Naples, Florida 34102

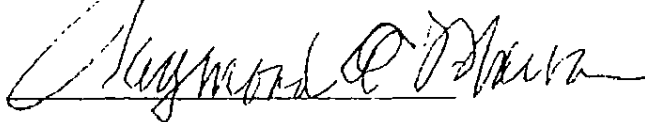
Article III

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

Raymond A. Mason
880 Spyglass Lane
Naples, Florida 34102

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:



Raymond A. Mason

FILED
2025 JAN 24 PM 9:47

Article IV

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

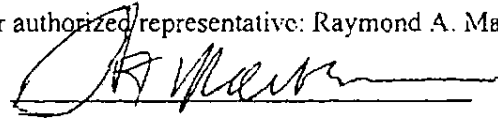
Title: Manager

Carter Mason
880 Spyglass Lane
Naples, Florida 34102

Signature of member or an authorized representative

Member or authorized representative: Raymond A. Mason

Signature:



2025 JAN 24 AM 9:47

FILED

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.

CSC FIN-93869