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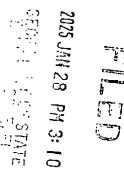
(Requestor's Name)	
(Address)	
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(City/State/Zip/Phone #)	
PłCK-UP WAIT MAIL	-
(Business Entity Name)	—
(Document Number)	
Certified Copies Certificates of Status	
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Special Instructions to Filing Officer: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

New Filing Section

Tallahassee, FL 32314

TO:

Div	vision of Corp	porations					
SUBJECT:		OP OF FLORIDA, LLO	2				
Name of Limited Liability Company							
The enclose	d Articles of (Organization and fee(s)	are sul	bmitted	for filing.		
Please return	n all correspoi	ndence concerning this	matter	to the f	ollowing:		
	ROLNA VAL	CIN					
			N	lame of	Person		
	NANA SHOF	of florida, LLC					
-	Firm/Company						
	3411 NW 40	STREET					
-				Addre	ess		
	LAUDERDA	LE LAKES, FL 33309)				
D	AZILEGROU	JP@GMAIL.COM	City/S	State and	d Zip Code		
_	E	-mail address: (to be us	sed for	future a	nnual report notificati	ion)	
For further in	formation con	cerning this matter, ple	ase cal	1:			
F	ROLNA VAL	CIN at	754 (234-2101		
_	Name	of Person	Area (Code	Daytime Telephon	e Number	
Enclosed is	a check for the	e following amount:					
■\$125.00 B	Filing Fee	☐\$130.00 Filing Fee Certificate of Status		Certific	5.00 Filing Fee & ed Copy all copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	New Fil	Address ing Section of Corporations ox 6327]	Street Address New Filing Section Di The Centre of Tallaha 2415 N. Monroe Stre	issee	

Tallahassee, FL 32303

15 JAH 28 PM 3: 10

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

NANA SHOP OF FLORIDA, LLC (Must contain the words "Limited Liab	ility Company, "L.L.C.," or "LLC.")
E II - Address:	
ng address and street address of the principal office	e of the Limited Liability Company is:
	, , ,
Principal Office Address:	<u>Mailing Address</u> :

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

ROLNA VALCIN

Name

3411 NW 40 STREET

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

LAUDERDALE LAKES. FL 33309

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)

ARTICLE IV-

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

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Me	mber
"MGR" = Manager	
MGR	ROLNA VALCIN
MOK	3411 NW 40 STREET
	LAUDERDALE LAKES, FL 33309
	2025 SEC
	
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	, TILL
	1.1
(If an effective date is listed, the dat the date of filing.)	than the date of filing: JANUARY 1, 2025 . (OPTIONAL) e must be specific and cannot be more than five business days prior to or 90 days after ck does not meet the applicable statutory filing requirements, this date will not be listed as
ARTICLE VI: Other provisions, if ar	
This docum I am aware	Ature of a member or an authorized representative of a member. Then is executed in accordance with section 605.0203 (1) (b), Florida Statutes, that any false information submitted in a document to the Department of State a third degree felony as provided for in s.817.155, F.S.
ROI	NA VALCIN Typed or printed name of signee
	i yped or printed name or 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)