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Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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	Account Name : LAZARUS CORPORATE FILING SERVICE, INC.	==	
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**	inter the email address for this business entity to be used for future		

FLORIDA LIMITED LIABILITY CO. NEXUSSTREAM CONSULTING LLC

Certificate of Status	1
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

LIABILITY COMPANY	~	IJ,
ARTICLE I - Name: The name of the Limited Liability Company is:	2025 FEB	TALLAHA
Nexus Stream Consulting 110	II PH	AHASSEE, FLORID
The mailing address and street address of the principal office of the Limited Liability Company is:	91,1	, 08197
15237 SW 8th Way		
MIAMI, FL 3319x		
ARTICLE III - Registered Agent, Registered Office: The name and the Florida street address of the registered agent are: (The Limite: Liability output) cannot serve as its own Registered Agent. You must designate an individual or another business entity		
Marco Antonio Novoa Guandique		
15237 SW 8th Way		
MIAMI, FL 33194		
ARTICLE IV The name and title of each person authorized to manage and control the Limited Liability Company: (MGR or AMBR)		
CRISTAL DAVINIA SANCHEZ 25% AN	186)
ALVARO FABRICIO CASTILLO GUERRIERO 3% AL	120	
MARCO NOEL NOVOA 25% AN	_	
MARCO ANTONIO NOVOA GUANDIQUE 25% A	1 26.	<u> </u>
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Required Signatures:

Signature of a member or an authorized representative of a member.

In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.

MARCO ANTONIO NOVOA GUANDIQUE
Typed or printed name of signee

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)

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