



**DEPARTMENT OF STATE  
GOVERNMENT OF PUERTO RICO**  
**Payment Receipt**

**Receipt Number:** 29375779

**Receipt Date:** 24-Feb-2025 6:41 PM

**Filer**

Perez Irizarry Gabriel J

**Filer Email Address**

gabe@nexrizen.com

**Service**

**(548085) NEXRIZEN LLC**

Certificate of Formation of a Limited Liability Company

**Fee**

\$250.00

<b>Payment Method</b>	<b>Payer Name</b>	<b>Total Due</b>	<b>Amount</b>
Credit Card	Perez Irizarry, Gabriel J	80903764603	\$250.00
<b>Total Payment</b>			<b>\$250.00</b>

**Disclaimer:** Any transaction provided through this service is considered final. Changes, refunds and/or claims for the issuance of any document issued through this service are not accepted. Claims for any other reason must be made within thirty (30) days from the date of receipt.

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