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## COVER LETTER

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SUBJEC	ShishaAG	M, LLC			
SOBJEC	li <u></u>	Name of L	imited Liabil	ity Company	
The enclos	sed Articles of	Organization and fee(s) a	irc submitted	for filing.	
		ondence concerning this n			
	Jonathan Le	der			
	<del></del>	· · · · · · · · · · · · · · · · · · ·	Name of	Person	
	Nautilus Leg	gał Services, P.A.			
			Firm/Co	mpany	
	150 SE 2nd	Ave Suite PH-I			
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	Miami, FL 3	3131			
			City/State and	I Zip Code	
	<del></del>	orgioshospitality.com -mail address: (to be used	l for fitting a	navol sanost notificati	:)
For flither i		ncerning this matter, pleas		maarreport notmeat	ion)
COL JURMET I		-	e can:		
	Jonathan Led	er 3 at (at	05 	514-0600 	
	Name	e of Person A	rea Code	Daytime Telephon	e Number
Enclosed is	a check for th	e following amount:			
	Filing Fee	☐\$130.00 Filing Fec & Certificate of Status	Certific	.00 Filing Fee & d Copy l copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	New Fil Division P.O. Bo	Address ing Section of Corporations ox 6327 ssee, FL 32314	1	Street Address New Filing Section Di The Centre of Tallaha 415 N. Monroe Stree Tallahassee, FL 3230	issee et, Suite 810

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liab	ollity Company is:			
ShishaAGM, LLC	:			
(Must co	onatin the words "Limite	d Liability Co	mpany, "L.L.C.," or "LLC.")	<del></del>
ARTICLE II - Address:		,	mymmy made, or late, y	
The mailing address and stree	t address of the principal	l office of the	Limited Liability Company is:	
<u>Princ</u>	ipal Office Address:		Mailing Ad	dress:
9713 Saratoga Par	k Ct.		9713 Saratoga Park Ct.	
Boca Raton, FL 33	1428		Boca Raton, FL 33428	
The name and the Florida stree	Nautilus Legal Serv	Name		
	150 SE 2nd Ave Su	ite PH-1		
	Florida street addre	ss (P.O. Box 1	NOT acceptable)	
	Miami	FL_	33131	
	City	State	Zip	
Having been named as registered place designated in this certificate further agree to comply with the pam familiar with and accept the o	rovisions of all statutes r bligations of my position	elating to the p	gisterea agent and agree to act proper and complete performant igent as provided for in Chapter signature (REQUIRED)	in this capacity. I ce of my duties, and I r 605, F.S
				A. C.

Title; "AMBR" = Authorized	Name and Address: Member
"MGR" = Manager MGR	Georgios Vogiutzis
	9713 Suratoga Park Ct. Boca Raton, FL 33428
<i>(</i> 17 1 12	
n effective date is listed, the ( late of filing.)	ther than the date of filing:
FICLE V: Effective date, if of an effective date is listed, the date of filing.)  e: If the date inserted in this learners.	ther than the date of filing: (OPTIONAL)
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ARTICLE IV-

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\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)