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(((H210000395283)))



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То	: Division of Corporations Fax Number : (850)617-6381	TALL ME
AM 7:55	, , ,	
₹₹Enter th :- annu	ne email address for this business entity to be used al report mailings. Enter only one email address plo l Address:	l for future

FLORIDA LIMITED LIABILITY CO. Nolle Trading LLC

Certificate of Status	0	
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FEB 0 1 2021

T. SCOTT

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$\textbf{ARTICLES} \ \textbf{OF} \ \textbf{ORGANIZATION} \ \textbf{FOR} \ \textbf{FLORIDA} \ \textbf{LIMITED} \ \textbf{LIABILITY} \ \textbf{COMPANY}$

Malla Translate 1 1 /					
Nolle Trading LLC					
(Must co	ntain the words "Limited	Liability Company,	"L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street	address of the principal o	office of the Limited	Liability Company is:		
Principal Office Address:			Mailing Address:		
7901 4th St N			7901 4th St N		
STE 300			300		
St. Petersburg, FL 33702			Petersburg, FL 33702		
	Northwest Registered	d Agent LLC Name			
	7901 4th St N STE 3	00			
	Florida street address (P.O. Box NOT acceptable)				
	St. Petersburg	FL	33702		
	City	State	Zip		
Having been named as registere place designated in this certifica further agree to comply with the am familiar with and accept the	te, I hereby accept the app provisions of all statutes r	ointment as register elating to the prope	ed agent and agree to act in thi r and complete performance of	is capacity. I my duties, and	
	10~(2				

2023 JAH 29

15 Jan 29 Jan 11: 35

ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Title: Name and Address: "AMBR" = Authorized Member "MGR" = Manager AMBR Bulat Barantaev Warschauer Str.82. Berlin, Germany 10243 (Use attachment if necessary) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. ARTICLE VI: Other provisions, if any.

REOUIRED SIGNATURE:

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

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

Morgan Noble

Typed or printed name of 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)