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☐ PICK-UP	☐ WAIT	☐ MAIL
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Certified Copies	Certificates	s of Status
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Special Instructions to	Filing Officer:	
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DIVISION OF CURPOR FLORIDA

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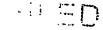
# CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

		· · ·		
NIMOR, LLC				
	<del></del>			
				Art of Inc. File
				LTD Partnership File
		,		Foreign Corp. File
				L.C. File
				Fictitious Name File
				Trade/Service Mark
				Merger File
				Art, of Amend, File
				RA Resignation
				Dissolution / Withdrawal
				Annual Report / Reinstatement
				Cert. Copy
				Photo Copy
				Certificate of Good Standing
				Certificate of Status
				Certificate of Fictitious Name
				Corp Record Search
				Officer Search
				Fictitious Search
Signature				Fictitious Owner Search
•				Vehicle Search
				Driving Record
Requested by: Seth	07/27/21			UCC 1 or 3 File
Name	Date	Time		UCC 11 Search
1-4(1)				UCC 11 Retrieval
Walk-In				Courier

### COVER LETTER

TO:	New Filing Sec Division of Cor				
SUBJI	NIMOR, L	LC			
		Nai	ne of Limited L	iability Company	<del></del>
The en	closed Articles of	Organization and	fee(s) are subm	nitted for filing.	
Please	return all correspo	ondence concernit	ng this matter to	the following:	
	JESSICA M	OLINA			
			Nan	ne of Person	
	TIBER SER	VICES, LLC			
			Fire	n/Company	
	2434 HOLL	YWOOD BLVD	2ND FL		
		<del></del>		Address	
	HOLLYWO	OD, FL 33020			
	CLIENTS@1	TBERSERVICES	•	te and Zip Code	
				ure annual report notificat	tion)
For furth	ner information co	ncerning this mat	er, please call:		
	JESSICA MO	OLINA	954 at (	7444051	
	Nam	e of Person		de Daytime Telephoi	ne Number
Enclos	ed is a check for t	he following amo	unt:		
	5.00 Filing Fee	□\$130.00 Filin Certificate of S	ng Fee &       Status	3\$155.00 Filing Fee & ertified Copy itional copy is enclosed)	☐\$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	New F Division P.O. B	ng Address illing Section on of Corporation ox 6327 assee, FL 32314	s	Street Address New Filing Section D The Centre of Tallah 2415 N. Monroe Stre Tallahassee, FL 3230	iassee eet, Suite 810



#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

4	RT	$\Gamma \cap \Gamma$	I F I	1 _	No	me:

The name of the Limited Liability Company is:

2021 JUL 28 AH 11: 54

SECRET LUCUS STATE TALL 15 LOGE, FL

Mailing Address:

NIMOR, LLC	N	IMOR.	LL	C
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(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

#### ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

TIBER SERVICES, LLC	TIBER SERVICES, LLC
2434 HOLLYWOOD BLVD 2ND FL	2434 HOLLYWOOD BLVD 2ND FL
HOLLYWOOD, FL 33020	HOLLYWOOD, FL 33020

#### ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Principal Office Address:

TIBER SERVICES,	LL <u>C</u>	
	Name	
2434 HOLLYWOOD	BLVD 2ND FL	
Florida street address	s (P.O. Box <u>NOT</u> a	cceptable)
HOLLYWOOD	FL	33020
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..

Jossica Molina
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> "AMBR" = Authorized Member	Name and Address:
"MGR" ≈ Manager	
MGR	TIBER SERVICES, LLC 2434 HOLLYWOOD BLVD 2ND FL HÖLLYWOOD, FL 33020
	SEG   LA 28
	ANTE: 5
(Use attachment if necessary)	
If an effective date is listed, the date must be spe he date of filing.)	of filing:
ARTICLE VI: Other provisions, if any.	
REOUIRED SIGNATURE:  Jess	cica Molina
This document is execut I am aware that any false	mber or an authorized representative of a member. ed in accordance with section 605.0203 (1) (b), Florida Statutes. information submitted in a document to the Department of State elfony as provided for in s.817.155. F.S.
JESSICA MOLIN	Typed or printed name of signee

as

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)