

12/2/22, 10:33 AM

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Division of Corporations
 Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the tax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations
 Fax Number : (850)617-6381

From:

Account Name : INTERSTATE FILINGS LLC
 Account Number : 120110000086
 Phone : (718)569-2703
 Fax Number : (718)504-7890

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FLORIDA LIMITED LIABILITY CO.
 VANNOSY LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

2022 DEC -2 AM 11:03

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

VANNOSY LLC

(Must end with 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:

Principal Office Address:Mailing Address:111 NE 1ST STREET, 8TH FLOOR #8500
MIAMI, FL 33132111 NE 1ST STREET, 8TH FLOOR #8500
MIAMI, FL 33132

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:

INTERSTATE AGENT SERVICES, LLC

Name

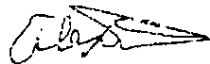
100 SE 2ND STREET SUITE 2000 #209Florida street address (P.O. Box NOT acceptable)MIAMIFL33131

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.



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV:

The name and address of each person authorized to manage and control the Limited Liability Company

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MBR

Name and Address:

AHMED TIRA

115 EAST 116TH STREET, APT 5F

NEW YORK, NY 10029

MBR

EDDIE ELEZIR NUVAKHOV

111 NE 1ST STREET, 8TH FLOOR #3560

MIAMI, FL 33132

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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**REQUIRED 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.

AHMED TIRA

Typed or printed name of signer

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