

# L23MWS47397

Florida Department of State

Division of Corporations

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H230004232023ABCS

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To:

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

From:

Account Name : NJ LAW PLLC  
Account Number : I20200000122  
Phone : (239)920-5228  
Fax Number : (239)920-5289

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

Email Address: nenobene88@gmail.com

FLORIDA LIMITED LIABILITY CO.

NMMI LLC

Certificate of Status	0
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**ARTICLES OF ORGANIZATION  
OF  
NMMI LLC**

**ARTICLE I – NAME**

The name of the limited liability company is **NMMI LLC** (the "company").

**ARTICLE II – ADDRESS**

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

Principal Office Address:

1355 Mariposa Cir #103

Naples, Florida 34105

Mailing Address:

1355 Mariposa Cir #103

Naples, Florida 34105

**ARTICLE III - REGISTERED AGENT,  
REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE**

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

NJ Law PLLC  
3411 Tamiami Trail N., Ste. 100  
Naples, Florida 34103

*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.*

NJ Law PLLC

By: 

Nabil Joseph, Authorized Representative

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#### ARTICLE IV - MANAGERS OR MEMBERS

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

Title:

Name and Address:

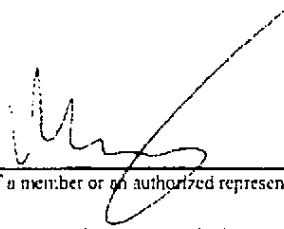
"MGR" = Manager

"AMBR" = Authorized Member

MGR

Nenad Mihajlovikj  
1355 Mariposa Cir #109  
Naples, Florida 34105

#### 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.

Nenad Mihajlovikj

Typed or printed name of signee

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