## L03000003718

•		
(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to I	Filing Officer:	

Office Use Only



200010431062

01/30/03--01037--009 \*\*160.00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

1300

N.M.B. PLUS, LLC 2148 NE 168 TH ST. PORTH MIAMI BEACH FL 33/62

REGISTERED AGENT AND MEMBER!

AMI HADAD (100%)

80 NE 168TH ST.

NORTH MIAMI BEACH FL 33/62

305-654-0626

ENCLOSED: \$160 Filing Fee.

09 JAN 30 AH 8: 46
SECRETARY OF STATE
TALUAHASSEE, FLORIDA

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is: N.M.B. PLUS, LLC
ARTICLE II - Address:  The mailing address and street address of the principal office of the Limited Liability Company is:  2/48 NE 168TH STREET  NORTH MIAMI BEACH, FL 33/62  ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
The name and the Florida street address of the registered agent are:
Ami HADAO Name
80 NE 168 TH STREET
Florida street address (P.O. Box <u>NOT</u> acceptable)
City, State, and 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 dutics, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.  Registered Agent's Signature
Article IV - Management (Check box if applicable.)  The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.
(An additional article must be added if an effective date is requested)  Signature of a member or an authorized representative of a member.
(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)
that the facts stated herein are true.)  Ani HADAD  Typed or printed name of signee
Filing Fees:

\$100.00 Filing Fee for Articles of Organization
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)