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CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

COIC ORATION NAME (5)	e DOCOMENT NOMBER(S), (II REGINE).
1. NOMY LLC (Corporation Name)	(Document #)
(Corporation Name)	(Document #)
2. (Corporation Name)	(Document #)
(Corporation Name)	(Document #)
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NEW FILINGS	<u>AMENDMENTS</u>
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Annual Report Fictitious Name	☐ Foreign ☐ Limited Partnership ☐ Reinstatement ☐ Trademark ☐ Other

CR2E031(7/97)

Examiner's Initials

ARTICLES OF ORGANIZATION OF

NOMY LLC

ASECULAR DE LA SORRE

ARTICLE I - NAME

The name of this limited liability company is NOMY LLC (hereinafter "the Company")

ARTICLE II - ADDRESS

The mailing address and principal office is:

2701 South Bayshore Dr., #402 Miami, Florida 33133

ARTICLE III: INITIAL REGISTERED OFFICE AND AGENT

The name and mailing address of the initial registered office and the initial registered agent of the Company is:

Sylvain Glazman 2701 South Bayshore Dr., #402 Miami, Florida 33133

Having been named as registered agent and to accept service of process for the above state 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 608, F.S.

Sylvam Glazman-Registered Agent

ARTICLES IV - MANAGEMENT

The Company will be managed by two (2) managers and is, therefore a manager-managed company.

Sylvain Glazman

2701 South Bayshore Dr., #402

Miami, Florida 33133

Sylvain Glazman

Serge Glazman

2701 South Bayshore Dr., #402

Miami, Florida 3313

Serge Glazman

In acdordance with Section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under penalties of perjury that the facts stated herein are true.

Sylvain Clazman, Authorized Representative

ORGANIZER

IN WITNESS WHEREOF, I have made Organization this day of	e and subscribed these Articles of 2005
	Thurste fl
_	MARCELLE POIRIER
STATE OF FLORIDA)) SS	
COUNTY OF DADE)	

I HEREBY CERTIFY that on this day, personally appeared before me MARCELLE POIRIER who is well known to me to be the person described in and who executed these Articles of Organization as Organizer, and acknowledged before me that he executed the same freely and voluntarily for the purposes therein expressed.

SWORN TO AND SUBSCRIBED before me this 14 of April 2005.

NOTARY PUBLIC
State of Florida at large

My commission expires:

