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To:

Division of Corporations

Fax Number

: (850)205-0383

MJH

From:

Account Name : FAS-T CORP. AGENTS, INC.

Account Number : 071001002335 Phone : (305)599-0839 Fax Number : (305)716-0346

# LIMITED LIABILITY COMPANY

NIMAX, LLC.

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Certificate of Status	O STATES OF THE PERSON OF THE
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

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Corporate Filing

Public Access Halp

#### Article I

The Name of the Limited Liability Company is:

NIMAX, LLC,

### Article II

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

19195 MYSTIC POINT DR., BUILDING 100 #2010 AVENTURA FL 33160

The mailing address of the Limited Liability Company is:

19195 MYSTIC POINT DRIVE BUILDING 100 #2010 AVENTURA FL 33180

#### Article III

The Purpose for wich this Limited Liability Company is organized is: ANY AND ALL LAWFULL BUSINESS.

#### Article IV

The Name and Florida street address of the registered agent is:

MAHMOUD FAZELNIA 19195 MYSTIC POINT DRIVE BUILDING 100 #2010 AVENTURA FL 33180

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 a registered agent.

Registered Agent Signature:

MP221 TH EELS

# Article V

The name and address of managing members/managers are:

Title: MGR

MAHMOUD FAZELNIA, 19195 MYSTIC POINT DRIVE BUILDING 100 #2010 AVENTURA FL 33180

### Article VI

The effective date for this Limited Liability Company shall be:

04/21/05

Signature of member or an authorized representative of a member

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