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EXAMINER



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EFFECTIVE DATE 3/27/2012

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DIVISION OF CORPORATION

# COVER LETTER

Division of Corporations					
SUBJECT: NOMI 123	, LLC				· · · · · · · · · · · · · · · · · · ·
Jebeleii	Name of Limited Lia	bility Company			19 19 Car
m la la da da compositivo		244 a d. Cam 6711 a a			The sold
The enclosed Articles of Organization		_			130 Cons
Please return all correspondence conce	ming this matter to	the following:			194
PHILIP LOZMAI	٧				بن ي <i>ن</i>
		e of Person			1 1
			EFFECT	TVE DATE 3	27/201
	Firm	/Company			<del>/</del> (
825 ARTHUR GO	OFREY ROA	AD. SUITE	100		
		ddress			
MIAMI BEACH, FLO	RIDA 33140				
WINNII DEAGIT, I EG		e and Zip Code			
LOZ@ATT.NET					
E-mail addre	ess: (to be used for fut	ure annual report not	tification)		
For further information concerning this	matter, please call:				
PHILIP LOZMAN	at (	305 , 67	74-5956		
Name of Person		Area Code & Da	aytime Telep	hone Number	•
Enclosed is a check for the following	ng amount:				
\$125.00 Filing Fee \$130.00 Fil Certificate	ing Fee & S	155.00 Filing Fe Certified Copy additional copy is er		\$160.00 Filing S Certificate of Sta Certified Copy (additional copy is a	atus &
Mailing Ad Registration Division of P.O. Box 63 Tallahassee	Section Corporations 27	Street/Courie Registration Se Division of Co Clifton Buildi 2661 Executiv Tallahassee, F	ection orporations ng ve Center C	ircle	

EFFECTIVE DATE 3/27/2012
RIDA LIMPTON

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPA

#### ARTICLE I - Name:

The name of the Limited Liability Company is:

NOMI 123, 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:

825 ARTHUR GODFREY ROAD, SUITE 100 MIAMI BEACH, FLORIDA 33140

825 ARTHUR GODFREY ROAD, SUITE 100 MIAMI BEACH, FLORIDA 33140

#### 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:

**TODD FODIMAN** 

Name

# 1111 BRICKELL AVENUE, #2150

Florida street address (P.O. Box NOT acceptable)

MIAMI

 $$_{FL}$  , 33131 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 duties, 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 (REQUIRED)

(CONTINUED)

Page 1 of 2

## ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:			
MGR	PHILIP LOZMAN			
	825 ARTHUR GODFREY ROAD, SUITE 100			
	MIAMI BEACH, FLORIDA 33140			
MGR	JERRY SHER			
	825 ARTHUR GODFREY ROAD, SUITE 100			
	MIAMI BEACH, FLORIDA 33140			
(Use attachment if necessary)				
•				
	date of filing: MARCH 27, 2012 . (OPTIONAL) e specific and cannot be more than five business days prior			
to or yo days after the date of fining.				
REQUIRED SIGNATURE:				

(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. I am aware that any false information submitted in a document to the Department of State

Signature of a member or an authorized representative of a member.

constitutes a third degree felony as provided for in s.817.155, F.S.)

PHILIP LOZMAN

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)