

# L 14000073599

From:

05/06/2014 02:27

#87-0002/005

Division of Corporations

Page 1 of 1

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : NATIONAL CORPORATE RESEARCH, LTD.  
Account Number : I20000000088  
Phone : (800) 221-0102  
Fax Number : (800) 944-6607

FILED  
2014 MAY -6 AM 8:19  
TALLAHASSEE, FLORIDA

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

Email Address: Compliance@nationalcorp.com

FLORIDA LIMITED LIABILITY CO.  
Nova Florida LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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14 MAY -6 PM 4:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALLY  
EXAMINER  
MAY -7 2014

Electronic Filing Menu Corporate Filing Menu Help

From:

05/06/2014 02:27

#887 P.001/005

850-617-6381

5/6/2014 10:23:30 AM PAGE

1/001

Fax Server



May 6, 2014

FLORIDA DEPARTMENT OF STATE

Division of Corporations

NATIONAL CORPORATE RESEARCH, LTD.

SUBJECT: NOVA FLORIDA LLC  
REF: W14000028440

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is distinguishable on our records. However, the name is similar to a name already on file with this office. Therefore, the use of this name may result in future complications. The name of the existing entity is : NOVA, LLC, document number L01000017462.

You may 1.) resubmit the document under the current name; or 2.) choose to file under another name. If you choose to file under another name, please make the appropriate correction throughout the document(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly  
Regulatory Specialist II

FAX Aud. #: H14000107248  
Letter Number: 614A00009592

Please submit under option #1

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

P.O BOX 6327 - Tallahassee, Florida 32314

From:

05/06/2014 02:28

#887 P.003/005

((H14000107248 3)))

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Nova Florida LLC

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Amir Khan

Name of Person

R3 Management, LLC

Firm/Company

201 South Biscayne Blvd, 28th

Address

Miami, FL 33131

City/State and Zip Code

Akhan@r3mgmt.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Amir Khan

Name of Person

888

Area Code

776-7910

Daytime Telephone Number

Enclosed is a check for the following amount:



\$125.00 Filing Fee



\$130.00 Filing Fee &  
Certificate of Status



\$155.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)



\$160.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

Mailing Address

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street/Courier Address

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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From:

05/06/2014 02:28

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FILED  
2014 MAY -6 AM 8:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Nova Florida 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:**

201 South Biscayne Blvd

28th Floor

Miami, FL 33131

**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:

National Corporate Research, Ltd., Inc.

Name

155 Office Plaza Drive

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

Tallahassee

FL

32301

City

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 605, F.S..*

Mary Sagini, Asst. Secretary  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

Managing Members

**Name and Address:**

Amir Khan

201 South Biscayne Blvd, 28th Floor

Miami, FL 33131

Managing Members

Ameruddin Siddiqui

201 South Biscayne Blvd, 28th Floor

Miami, FL 33131

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**ARTICLE VI:** Other provisions, if any.

**REQUIRED SIGNATURE:**

Signature of a member or an authorized representative of a member.  
(In accordance with section 605.0203 (1) (b), 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 constitutes a third degree felony as provided for in s.817.155, F.S.)

AMERUDDIN SIDDQUI

Typed or printed name of signer

**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)

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