

Division of Corporations

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**Florida Department of State
Division of Corporations
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Division of Corporations
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From:

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Phone : (305) 789-9200
Fax Number : (786) 437-4609

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Email Address: jdr@fowler-white.com

FLORIDA LIMITED LIABILITY CO.**Nikki, LLC**

Certificate of Status	1
Certified Copy	1
Page Count	03
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ARTICLES OF ORGANIZATION

OF

Nikki, LLC

ARTICLE I

The name of the limited liability company formed hereby is Nikki, LLC (the "Limited Liability Company").

ARTICLE II

The duration of the Limited Liability Company shall be perpetual.

ARTICLE III

The principal office and mailing address of the Limited Liability Company shall be as follows:

407 Via Placita
Palm Beach Gardens, Florida 33418

ARTICLE IV

The Registered Agent of the Limited Liability Company and his street address in the State of Florida are as follows:

Lisa Lickstein
407 Via Placita
Palm Beach Gardens, Florida 33418

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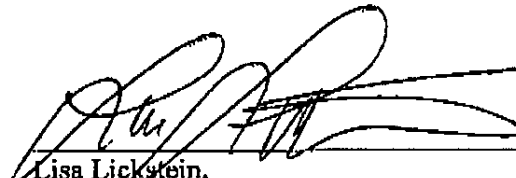
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ARTICLE V

The Limited Liability Company shall be manager-managed. The name and address of the initial Manager is as follows:

Lisa Lickstein
407 Via Placita
Palm Beach Gardens, Florida 33418

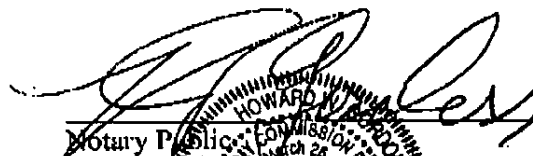


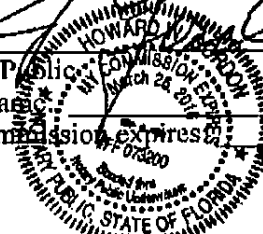
Lisa Lickstein,
as Authorized Representative of the Members

STATE OF FLORIDA)
)
COUNTY OF MIAMI-DADE)

BEFORE ME personally appeared Lisa Lickstein, as Authorized Representative of the Members, ☒ who is personally known to me, or ☐ who produced _____ as identification, to be the person who executed the foregoing Articles of Organization.

IN WITNESS WHEREOF I have hereunto set my hand and official seal this 24th day of Sept 2015.



Notary Public
Print Name: _____
My Commission Expires: _____


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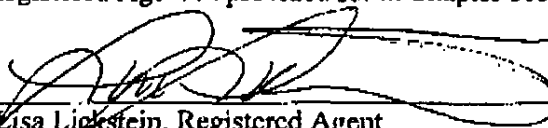
**CERTIFICATE OF DESIGNATION OF RESIDENT AGENT
AND ACCEPTANCE OF DESIGNATION**

Pursuant to the provisions of Section 605.0113, Florida Statutes, the undersigned limited liability company organized under the laws of the state of Florida, submits the following statement in designating its Registered Office and Registered Agent in the State of Florida:

1. The name of the limited liability company is Nikki, LLC.
2. The name and address of the Registered Agent and Office is:

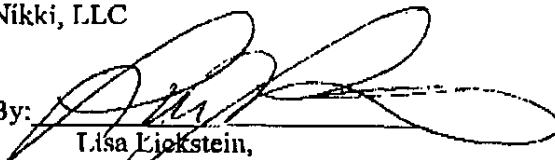
Lisa Lickstein
407 Via Placita
Palm Beach Gardens, Florida 33418

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.


Lisa Lickstein, Registered Agent

Date: 9/24/15

Nikki, LLC

By: 
Lisa Lickstein,
as Authorized Representative
of the Members

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