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Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : USACORP INC. Account Number : 120130000019 Phone : (718)362-4789 Fax Number : (718)408-2550

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

Email Address: BBobban@gmail.com

FLORIDA LIMITED LIABILITY CO.

NiYa Biotech LLC

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

Electronic Filing Menu

Corporate Filing Menu

Help

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49 From: LLC TO STA JOSEF STRAUSS ARTICLESOFORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Page: 2/3

ARTICLE I - Name:

The name of the Limited Liability Company is:

NiYa Biotech 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:	
2358 Milford Circle Sarasota PL 34239	2358 Milford Circle Sarasota FL 34239	
• ·		

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:

Bobban G. Subhadn	1 <u>, </u>	·
	Name	
2358 Milford Circle	·	
	ss (P.O. Box <u>NOT</u> ac	cceptable)
Sarasota	·FL	34239
City	State	Zit.

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.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

15 0CT 30 AH 5: 07

10/30/2015 11:49

From: LLC TO STA JOSEF STRAUSS

Page: 3/3

this date of films.	H1500	0260009 3)))	-
The name and address of each person authorized to manage and control the United Liability Company: Title: "AMBR" = Authorized Momber "MGR" = Minanger AMBR Bibban G. Subhadre: 2358 Milford Circle Sanzon FL 34239 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days a thir date of filing: Nets: If the date inserted in this block does not meet the applicable statistory filing requirements, this date will not be list the document's effective date on the Department of State's records. ARTICLE VI: Other provisions, If any. REQUIRED SIGNATURE: Signature of a member or an authorized representative of a member. This document is executed in accordance with section 603.07003 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree itelays a provided for in s.817.155, F.S. Bobban G. Subhadra Typed or printed name of signee: Effice Feet: 3125.00 Filling Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Options)			,
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