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Florida Department of State  
Division of Corporations  
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FLORIDA DEPARTMENT OF STATE  
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To: Division of Corporations  
Fax Number : (850)617-6381  
From: Account Name : BUSINESS ACCOUNTING PROFESSIONALS CORP.  
Account Number : I20190000020  
Phone : (786)953-7449  
Fax Number : (786)953-7450

STATE OF FLORIDA  
DIVISION OF CORPORATIONS  
COMMERCIAL SERVICES

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

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FLORIDA LIMITED LIABILITY CO.  
N4S INVESTMENTS LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

**Articles of Organization  
For  
Florida Limited Liability Company**

**The undersigned company, for the purpose of forming a Florida limited liability company, hereby adopts the following Article of Organization:**

**Article I**

**The name of the limited liability company is:  
N4S INVESTMENTS LLC**

**Article II**

**The street address of the principal office of the Limited Liability Company is:  
8403 PINES BLVD APT # 1033  
PEMBROKE PINES, FL. 33024**

**The mailing address of the Limited Liability Company is:  
8403 PINES BLVD APT # 1033  
PEMBROKE PINES, FL. 33024**

**Article III**

**Other provisions, if any:  
ANY AND ALL LAWFUL BUSINESS.**

**Article IV**

**The name and Florida street address of the registered agent is:  
NEIL SABARE  
8403 PINES BLVD APT # 1033  
PEMBROKE PINES, FL. 33024**

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SECRETARY OF STATE  
TALLAHASSEE, FL

Having been named as a registered agent and to accept service of process of 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.

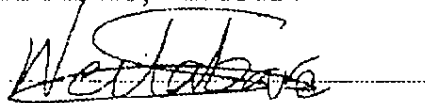
Registered Agent Signature: *Neil Sabare*

**Article V**

**The name and address of person(s) authorized to manage the LLC:**

**Title: AMBR  
NEIL SABARE  
8403 PINES BLVD APT # 1033  
PEMBROKE PINES, FL. 33024**

Signature: \_\_\_\_\_



**Title: AMBR  
NATALIA SABARE  
8403 PINES BLVD APT # 1033  
PEMBROKE PINES, FL. 33024**

Signature: \_\_\_\_\_



**Article VI**

**The effective date of this Limited Liability Company Shall be:**

**01/16/2020**

I am a member or authorized representative submitting these Articles of organization and affirm that the facts state herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provide for in S.817.155, F.S. I understand the requirement to file an annual report between January 1<sup>st</sup> and May 1<sup>st</sup> in the calendar year following the formation of the LLC and every year thereafter to maintain "active" status.