## L20000395042

(Req	uestor's Name)	
(Add	ress)	
(Add	ress)	
`	•	
(City	/State/Zip/Phone	<u> </u>
City	/State/Zip/Filotii	e # <i>)</i>
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nar	ne)
(Doc	ument Number)	
(555		
O- 481- d O i	C-4:4:4-	a of Chahua
Certified Copies	Сеппсате	s or Status
Special Instructions to F	iling Officer:	

Office Use Only



200356846772

12/23/20--01022--005 \*\*125.00

070 - 1013

2020 DEC 23 PM 1:1.6

## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

			<u> </u>	
NIN-JAX, LLC				
		·	]	
=.			1	
	<del></del> -		_	
	· ·· · · · · · · · · · · · · · · · · ·			
				Art of Inc. File
			1 —	LTD Partnership File
				Foreign Corp. File
			<b>√</b>	L.C. File
				Fictitious Name File
				Trade/Service Mark
			<u> </u>	Merger File
				Art, of Amend, File
				RA Resignation
				Dissolution / Withdrawal
				Annual Report / Reinstatement
				Cert. Copy
			<u> </u>	Photo Copy
				Certificate of Good Standing
				Certificate of Status
				Certificate of Fictitious Name
				Corp Record Search
				Officer Search
				Fictitious Search
Signature	<del></del>	<del></del> -		Fictitious Owner Search
				Vehicle Search
	<del></del>			Driving Record
Requested by: BA	12/22/20			UCC 1 or 3 File
Name	Date	Time		UCC 11 Search
				UCC    Retrieval
Walk-In Thom (sinks GA 6/00	Will Pick Up	<del></del>		Courier

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Nie Ierra			
Nin - Jax, LLC		_	
(Must	t contain the words "Lim	ited Liability Com	pany, "L.L.C.," or "LLC.")
ARTICLE II - Address:		•	pulse, of EEC.
The mailing address and str			
and address and all	eet address of the princip	oal office of the Li	mited Liability Company is:
			company is.
<u></u>	ncipal Office Address:		Mailing Address:
1276 Bayview C	ircle		
Weston, FL 3332	26	<del></del>	1276 Bayview Circle
		<del></del>	Weston, FL 33326
RTICLE III - Registered A	Agent, Registered Office any cannot serve as its or	ce, & Registered A	Agent's Signature:
other business entity with a	an active Florida registra	tion.)	Agent's Signature: ent. You must designate an individual or
other business entity with a	an active Florida registra	tion.)	Agent's Signature: ent. You must designate an individual or
other business entity with a	an active Florida registra	tion.)	Agent's Signature: ent. You must designate an individual or
other business entity with a	an active Florida registra	tion.)	Agent's Signature: ent. You must designate an individual or
other business entity with a	et address of the register  Cynthia Anaipakos  1276 Bayview Circ	red agent are:  Name	ent. You must designate an individual or
other business entity with a	et address of the register  Cynthia Anaipakos  1276 Bayview Circ	red agent are:  Name	ent. You must designate an individual or
nother business entity with a	an active Florida registra et address of the register Cynthia Anaipakos	red agent are:  Name	ent. You must designate an individual or
ARTICLE III - Registered ARTICLE III - Registe	et address of the register  Cynthia Anaipakos  1276 Bayview Circ  Florida street addre	red agent are:  Name  le ss (P.O. Box NOT	ent. You must designate an individual or

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 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)

2070 DEC 23 PM 4: 46

## ARTICLE IV-

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

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
MGR	The Ninigret Group, L.C. 1700 S, 4650 West
	Salt Lake City, UT 84104
<del></del>	
(If an effective date is listed, the date must be s the date of filing.)	e of filing: January 1, 2021 (OPTIONAL) pecific and cannot be more than five business days prior to or 90 days after meet the applicable statutory filing requirements, this date will not be listed t of State's records.
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	6 almo
This document is execu I am aware that any fals	ember or an authorized representative of a member, and in accordance with section 605.0203 (1) (b), Florida Statutes, e information submitted in a document to the Department of State of Felony as provided for in s.817.155, F.S.
Randolph G. Ab	ood 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)