12/28/2020

Division of Corporations

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To:

- - Page: 2 of 4

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : FELDMAN & ASSOCIATES

Account Number : I20130000018 Phone : (305)931-0433

Fax Number : (866)856-1462

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

Email Address: paul@feldmanclosings.com

## FLORIDA LIMITED LIABILITY CO. **NOAM 744 LLC**

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

Electronic Filing Menu

Corporate Filing Menu

Help

DEC 2 9 2020

T. SCOTT

CLE I - Name:	
me of the Limited Liability Company is:	
•	•
Noam 744, LLC	
(Must contain the words "Limited Liabi	ility Company, "L.L.C.," or "LLC.")
(Must contain the words "Limited Liabi CLE II - Address:	
(Must contain the words "Limited Liabi CLE II - Address:	
(Must contain the words "Limited Liabi	
(Must contain the words "Limited Liabi CLE II - Address: illing address and street address of the principal office	of the Limited Liability Company is:

The name and the Florida street address of the registered agent are:

Paul Feldman, Esq.

Nitro

2750 NE 185th Street, Suite 203

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

Aventura FL 33180

Cly State 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 his 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 Opper 605, FS

(Registered Agent's Signature (REQ) RED

(CONTINUED)

ZOZO DEC 28 AH 9: 56

Title:		Name and Address:
"AMBR" = Aut	horized Member	
"MGR" = Mana	ger	
MGR		IGAL IIAIMOV
NOK	<del></del>	33 NE 1st Street
		Miami, Florida 33132
•		
		<del></del>
(Use attachmen	late, if other than the d	late of filing (OPTIONAL)
LEV: Effective of fective date is lise of filing.) If the date inserte	date, if other than the dated, the date must be	date of filing: (OPTIONAL)  specific and cannot be more than five business days prior to or 90 day  ot meet the applicable statutory filing requirements, this date will not be 1  ent of State's records.
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## 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)