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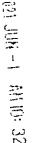
(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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7021 JUN - 1 AN ID: 32



Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 6/1/2021		#WALK IN#
ENTITY NAME NBN MAI	NAGEMENT LLC	
DOCUMENT NUMBER		
	PLEASE FILE THE ATTACHED AND RETURN	
XXXX	Plain Copy Certified Copy Certificate of Status	MANAZIK MANA
PL	EASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTIT	74
	Certified Copy of Arts & Amendments Certificate of Good Standing	PAN AN OF S
	APOSTILLE' / NOTARIAL CERTIFICATION	
COUNTRY OF DESTINATION NUMBER OF CERTIFICATION		<u>. </u>
TOTAL OWED \$125.00	ACCOUNT #: I2016	
Please call Tina at the	above number for any issues or concerns. Than	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED HABILITY COMPANY 2021 JUN - 1 RE 10: 32

Ā	R′	I'I	\mathbf{C}	LF.	I -	Na	me:

The name of the Limited Liability Company is:

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(Must contain 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:
1713 E. Lopez Ct.	1713 E. Lopez Ct.
Bellingham, WA 98229	Bellingham, WA 98229
ARTICLE III - Registered Agent, Registered Office, & Re	egistered Agent's Signature:
(The Limited Liability Company cannot serve as its own Regi	0 2. 0
another business entity with an active Florida registration.)	

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

MyCompanyWorl	ks, Inc.	
	Name	
625 E. Twiggs St.	. Ste. 1000	
Florida street add	ress (P.O. Box <u>NOT</u> ac	cceptable)
Tampa	FL	33602
City	State	7in

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.,

> Man Kun Matthew Knee, President Registered Agent's Signature (REQUIRED)

> > (CONTINUED)

.1	RTI	CI	F	IM_{-}

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

<u>Title:</u>		Name and Address:	
	uthorized Member		
"MGR" = Ma $AMBR$	nager	Neno Botton	
Amon		1713 E. Lopez Ct.	
		Bellingham, WA 98229	
		Danis (111 00000	
			
•			
			
(Use attachme	ent if necessary)		
the document's effective	e date on the Department	neet the applicable statutory filing requirements, this coof State's records.	fate will not be listed a:
ARTICLE VI: Other pi	ovisions, if any.		
			<u> </u>
			
			
REQUIRED	SIGNATURE:	0.0 2	· · · · · · · · · · · · · · · · · · ·
KLOPIKLIZ	SIGNATORES.		21 1 <u>+</u>
		0	••
	Signature of a me	ember or an authorized representative of a member	da Statutes 4 10 32 entrof Statutes 4 17 17 2
		ted in accordance with section 605.0203 (1) (b). Floric	la Statutes 🕖 👼
	 I am aware that any false 	information submitted in a document to the Department	ent of Staff 至外。
	constitutes a third degree	e felony as provided for in s.817.155, F.S.	· II 82
	Da Taure Amelina	tond Donas and	
	<u>ra (sup, Author)</u>	Typed or printed name of signee	
		Typed of primed name of signee	
		Filing Rose:	

 $\frac{Filing\ Fees:}{\text{S125.00\ Filing\ Fee}\ for\ Articles\ of\ Organization\ and\ Designation\ of\ Registered\ Agent}}$

\$ 30.00 Certified Copy (Optional)

S 5.00 Certificate of Status (Optional)