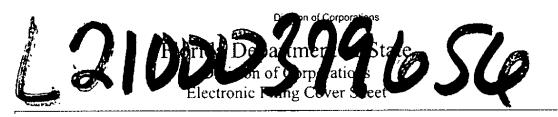
From: 17189252027 To: 18506176381

8/23/2021



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(((H21000316399 3)))



H210003163993ABC1

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : FILE IT USA INC. Account Number : I20190000121 : (718)925-2025

Fax Number : (718)925-2027

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

Email Address: _____service@fileitusa.com

FLORIDA LIMITED LIABILITY CO.

Manoucheri Brothers LLC

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TUS 2 5 2021

T. SCOTT

Electronic Filing Menu Corporate Filing Menu

Help

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· ADTIC	LE I - Name:					
	ne of the Limited Liability Company	is				
. <u>.</u> .	Manoucheri Brothers LLC		*			
	(Must constin the word	ls "Limited Liability	Company, "	L.L.C.," or "L.L	.C.'')	
2	_					
	LE II - Address:					
The ma	iling address and street address of the	principal office of t	he Limited I	iability Compa	ny is:	
-	1 Bultustalist Oetics Ad			- Ba-191		
• .	Principal Office Ad	ouress;		· ivenuu	ng Addréss:	
···	8925 Collins Ave, Unit 6F	•	8925	Collins Ave, Ur	nit 6F	
٠	Surfside, FL 33154			de, FL 33154		
			· . —			
	· -					
	LE III - Registered Agent, Register					
(The Li	mited Liability Company cannot serve	e as its own Register			ate an individ	ual or
(The Li		e as its own Register			ate an individ	ual or
(The Li another	mited Liability Company cannot serve business entity with an active Florid	e as its own Register la registration.)	ed Agent. Y		ate an individ	ual or
(The Li another	mited Liability Company cannot serve	e as its own Register la registration.)	ed Agent. Y		ate an individ	ual or
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(The Li another	mited Liability Company cannot serve business entity with an active Florid me and the Florida street address of the Avraham	e as its own Register la registration.) ne registered agent ar i D. Manoucheri Name	ed Agent. Y		ate an individ	ual or
(The Li another	mited Liability Company cannot serve business entity with an active Florid me and the Florida street address of the Avraham 8925 Col	e as its own Register la registration.) ne registered agent ar l D. Manoucheri Name	ed Agent. Y	ou must designa	ate an individ	ualor
(The Li another	mited Liability Company cannot serve business entity with an active Florid me and the Florida street address of the Avraham 8925 Col	e as its own Register la registration.) ne registered agent ar i D. Manoucheri Name	ed Agent. Y	ou must designa	ate an individ	ualor

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.

State

City

Registered Agent's Signature (REQUIRED)

Zip

(CONTINUED)

(((H21000316399 3)))

 $(r) = r \cdot \sqrt{q_r}$

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
AMBR	Avraham U. Manoucheri 8925 Collins Ave, Unit 6F Surfside, FL 33154
AMBR	Aaron Elazar Manoucheri 255 Oakwood Ave Cedarhurst, NY 11516
(Use attachment if necessary)	
ective date is listed, the date must be of filing.) the date inserted in this block does no	ate of filing:
EV: Effective date, if other than the directive date is ilsted, the date must be of filing.)	specific and cannot be more than five business days prior to or 90 of meet the applicable statutory filing requirements, this date will no
E V: Effective date, if other than the decretive date is listed, the date must be of filing.) the date inserted in this block does not ment's effective date on the Department E VI: Other provisions, if any.	specific and cannot be more than five business days prior to or 90 of meet the applicable statutory filing requirements, this date will no int of State's records.
E V: Effective date, if other than the decretive date is listed, the date must be of filing.) the date inserted in this block does not ment's effective date on the Department's effective date	specific and cannot be more than five business days prior to or 90 of meet the applicable statutory filing requirements, this date will no int of State's records.
E V: Effective date, if other than the decretive date is listed, the date must be of filing.) the date inserted in this block does not ment's effective date on the Department's effective date	member or an authorized representative of a member. cuted in accordance with section 605.0203 (1) (b), Florida Statutes, ties electron submitted in a document to the Department of State pree felony as provided for in s.817.155, F.S.