Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : I20000000146 Phone : (305)444-4994 Fax Number : (305)444-4977

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

Email Address:\_

## FLORIDA LIMITED LIABILITY CO. NAHSAN SIMSEK LLC

Certificate of Status Certified Copy 1 Page Count 03 \$155.00 Estimated Charge

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2021-11-10 17:39:55 GMT

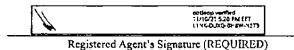
13053284774

From: Yanet Avila

dottoop signature verification: http://s/SuvS-3pEI-OMSG

AKTICLES C	FORGANIZATION FOR	FLORIDA LIMITED	LIABILTLY COMPANY		
ARTICLE I - Name:					
The name of the Limited Liabil	ity Company is:				
NAHSAN SIMSEK	LLC				
(Must contain the words "Limited Liability Company, "L.L.C.," or "L.L.C.")					
ARTICLE II - Address:		ee oo 11 5 1	12.100. 6		
The mailing address and street	address of the principal	office of the Limited	Liability Company is:	•	
Principal Office Address:			Mailing Address:		
520 BRICKELL KF #A1619	EY DR		r:	_	
MIAMI, FL 33131			E .	<b>_</b>	
ARTICLE III - Registered Ag	ent, Registered Office.	, & Registered Agen	t's Signature:		
(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)					
•	•	ŕ		7821 HÚV 6-57	
The name and the Florida street address of the registered agent are:					
	NAHSAN SIMSEK		<del></del>		•
		Name			
520 BRICKELL KEY DR #A1619					3 1
Florida street address (P.O. Box NOT acceptable)					ί,
	MIAMI	FL	33131	: 59 : 59	
	City	State	Zip	m ⊕	

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..



(CONTINUED)

doddoop signature verification: dUp 05/5/45-1pEFONISG

ARTICLE IV-

\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)