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Division of Corporations

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Florida Department of State
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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : ANTONIO ALONSO, PLLC.
Account Number : I20160000045
Phone : (305)606-0399
Fax Number : (305)508-6364

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

Email Address: pecoles@mac.com

**FLORIDA LIMITED LIABILITY CO.
NUMA TECH INVESTMENTS, LLC**

Certificate of Status	1
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**ARTICLES OF ORGANIZATION OF
NUMA TECH INVESTMENTS, LLC**

The undersigned, being authorized to execute and file these Articles, hereby certifies that:

ARTICLE I -Name:

The name of the Limited Liability Company is:

NUMA TECH INVESTMENTS, LLC

ARTICLE II -Address:

The initial mailing address and street address of the principal office of the Limited Liability Company is:

119 E. 2nd Ct.
Miami Beach, FL 33139

ARTICLE III -Registered Agent and Registered Office

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

ROCKCHAR MANAGEMENT SERVICES LLC
999 Ponce de Leon Blvd., Suite 650
Coral Gables, FL 33134

ARTICLE IV – Managers

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

<u>Title</u>	<u>Name and Address</u>
Manager	Philippe Coles 119 E. 2nd Ct. Miami Beach, FL 33139
Manager	Matco Coles 119 E. 2nd Ct. Miami Beach, FL 33139

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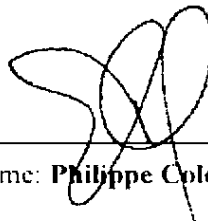
IN WITNESS WHEREOF, I have signed these Articles of Organization as an authorized representative of a member and acknowledge them to be my act this ____ day of January, 2022.


Name: **Philippe Coles**

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(In accordance with Section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in Section 817.155, F.S.)



Name: **Philippe Coles**

STATEMENT ACCEPTING APPOINTMENT AS REGISTERED AGENT

I hereby accept the designation as registered agent to accept service of process for the above stated limited liability company at the place designated in this statement. I am familiar with and accept the obligations of my position as registered agent under Chapter 605, Florida Statutes.

(In accordance with Section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in Section 817.155, F.S.)

Signature of Registered Agent

**ROCKCHAR MANAGEMENT SERVICES
LLC, a Florida limited liability company**

By: **Hiram D. Ocariz**, its Manager

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