

From: MARIA LEDESMA  
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To:

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Page: 1 of 3

02/28/2022 9:37 AM

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Florida Department of State  
Division of Corporations  
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To:

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

From:

Account Name : SALOMON B. ESQUENAZI, P.A.  
Account Number : I20130000020  
Phone : (954)989-4995  
Fax Number : (954)989-4991

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

Email Address: corporate@esquenazi-law.com

**FLORIDA LIMITED LIABILITY CO.**  
**Noma Ventures, LLC**

Certificate of Status	1
Certified Copy	1
Page Count	02
Estimated Charge	\$160.00

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Help

28

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED  
LIABILITY COMPANY**

**ARTICLE I. Name**

The name of the Limited Liability Company is:

**Noma Ventures, LLC**

**ARTICLE II. – Addresses**

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

1051 Harbor Court  
Hollywood FL 33019


**ARTICLE III. – Registered Agent, Registered Office,  
& Registered Agent's Signature:**

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

**Corporate Solutions of South Florida, Inc.**  
4651 Sheridan Street, Suite 355,  
Hollywood, Florida 33021

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, we hereby accept the appointment as registered agent and agree to act in this capacity. We further agree to comply with the provisions of all statutes relating to the proper and complete performance of our duties, and we are familiar with and accept the obligations of our position as registered agent as provided for in Chapter 605, F.S.

**Corporate Solutions of South Florida, Inc**

  
Salomon B. Esquenazi, President

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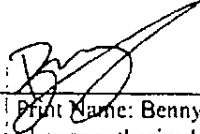
This instrument was prepared by:  
Salomon B. Esquenazi, P.A.  
4651 Sheridan Street, Suite 355  
Hollywood, Florida 33021  
(954) 989-4995

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#### ARTICLE IV. – Management

The Limited Liability Company is to be managed by one or more managers and is, therefore, a manager-managed company. The name and address of the manager who is to serve as initial manager is:

**BENNY BURSZTYN**  
1051 Harbor Court  
Hollywood FL 33019



Print Name: Benny Burszty

Signature of a member or authorized representative of a member.

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 s.817.155, F.S.)

4861-1395-1249, v. 1

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This instrument was prepared by:

Salomon B. Esquenazi, P.A.

4651 Sheridan Street, Suite 355

Hollywood, Florida 33021

(954) 989-4995