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CAPITAL CONNECTION, INC.

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NoMi Developme	nt, LLC		
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			Art of Inc. File
			LTD Partnership File
			Foreign Corp. File
			L.C. File
			Fictitious Name File
			Trade/Service Mark
			Merger File
			Art. of Amend. File
			RA Resignation
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COVER LETTER

	ew Filing Sec ivision of Co				
SUBJECT		elopment, LLC			
oobsec.	·	Name of Li	mited Liabili	ty Company	
The enclos	ed Articles of	Organization and fee(s) a	re submitted	for filing.	
Please retu	ım all correspo	ondence concerning this m	satter to the fo	ollowing:	
	Beshoy Rizk	, Esq.			
			Name of	Person	
			Firm/Cor	npany	
	1549 NE 12	3 St.			
			Addre	rss	
	North Miam	i, FL 33161			
			City/State and	Zip Code	
,	brizklaw@gm	· · · · · · · · · · · · · · · · · · ·			
]	E-mail address: (to be use	d for future as	nual report notificat	ion)
For further i	nformation co	ncerning this matter, pleas	se call:		
	Beshoy Rizk	9 at (08	420 - 0365	
	Nam		Area Code	Daytime Telephon	e Number
Enclosed is	s a check for t	he following amount:			
■\$ 125.00	Filing Fee	☐\$130.00 Filing Fee & Certificate of Status	Certifie	i.00 Filing Fee & ad Copy I copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address
New Filing Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address
New Filing Section Division
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
NoMi Development, LLC	
(Must contain the words "Limited Liability Con	npany, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of the principal office of the I	imited Liability Company is:
71. 1. LOST ALL A	
Principal Office Address	Malling Address:
•	14340 BISCAYNE BLVD
•	NORTH MIAMI BEACH, FL 33181
	-
ARTICLE III - Registered Agent, Registered Office, & Registere	d Agent's Signature:
(The Limited Liability Company cannot serve as its own Registered A	Agent. You must designate an individual or
another business entity with an active Florida registration.)	
The many and the File-Heaven to the control of the	
The name and the Florida street address of the registered agent are:	
Beshoy Rizk, Esq.	
Name	

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..

Florida street address (P.O. Box NOT acceptable)

FL

State

33161

Zip

1549 NE 123 St.

City

North Miami

(CONTINUED)

Registered Agent's Signature (REQUIRED)

2022 HAR -3 AM 10: 53
SECTION AND SEED FOR

	erson authorized to manage and control the Limited Liability Com	• •	
Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:		
MGR.	KBYSTONB 2020, LLC 14340 BISCA YNB BLYD NORTH MIAMI BBACH, VL 33181		
AMBR	MINEGO, LLC 788 NE 23RD STREET, UNIT 1601 MIAML FL 33137		
AMBR	TRIBUCK TOWER, LLC 12700 BISCAYNE BOULEVARD, SUITE 305 NORTH MIAML FL, 33181	77	
AMBR	TRIBUCK NOML LLC 12700 BISCAYNE BOULEVARD, SUITE 305 NORTH MIAMI, PL 33 [8]		
(Use attachment if necessary)			
ite of filling.) If the date inserted in this block do	at be specific and cannot be more than five business days prior to see not meet the applicable statutory filing requirements, this date		
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