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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 : (307)200-2803 Fax Number : (855)330-1010

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. **Nexnology LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ity Company, "L.L.C.," or "LLC.")
of the Limited Liability Company is: Mailing Address:
7901 4th St N STE 300
St. Petersburg, FL 33702
gistered Agent's Signature: stered Agent. You must designate an individual or
1

Registered Agents Inc.

Name

7901 4th St N STE 300

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

St. Petersburg FL 33702

City State Zip

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

DIVISION OF CORRESPONDED TO THE STANCHISING OF CORRESPONDED TO THE STANCHISING OF CORRESPOND TO THE STANCHIST OF CORRESPOND TO

ARTICLE	IV-

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

Title:		Name and Address:	
	Authorized Member		
"MGR" = M	Q	and a property traded	
<u>MGR</u>		Muhammad Rizwan Zahid 7901 4th St N STE 300	_
		St. Petersburg FL 33702	
			··
-			
			
			
	······		
(Use attachn	ent if necessary)		
DTICLE V. Effectiv	ve date, if other than the date of	ffiling: (OPTIC	MAL)
		ific and cannot be more than five business days p	
he date of filing.)	instea, the date mast be spec-	and and camero be more man and massics of pr	
Note: If the date inse	rted in this block does not me	et the applicable statutory filing requirements, this	date will not be listed as
he document's effect	ive date on the Department of	State's records.	
ARTICLE VI: Other p	iniona ifami		
•	•		
REOUIRE	SIGNATURE:		
		R: Lux Park	
	Signature of a mem	aber or an authorized representative of a member	 r.
	This document is executed	d in accordance with section 605.0203 (1) (b), Flori	da Statutes.
			c a

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

Riley Park

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

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

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SIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2022 JUN - 7 PM 11: 36