12000272230

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



600389602116

2022 JUN 15 PM 3: 05

2022 JUN 15 AM 11: 34

RECEIVED

Incorporating Services, Ltd.

incserv^a

1540 Glenway Drive Tallahassee, FL 32301

850.656.7956 Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com

ORDER FORM

TO Florida Department of State

The Centre of Tallahassee 2415 North Monroe Street, Suite 810 Tallahassee, FL 32303 corphelp@dos.myflorida.com

850-245-6051

FROM

Melissa Moreau mmoreau@incserv.com 850.656.7953

REQUEST DATE 6/15/2022

PRIORITY Regular Approval

OUR REF_# (Order ID#) 1045343

ORDER ENTITY____NOGA HOLDING LLC

DI	EACE	: DEDE/	YOM THE	EOLLOW	MINO C	CD\ACEC.

NOGA HOLDING LLC (FL)

Please file the attached articles and provide a certified copy.

NOTES:

\$155.00 Authorized

Email address for annual report reminders: joel@joelmarcuscpa.com

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: 120050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Wednesday, June 15, 2022 Page 1 of 1

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED

	AR	TICI	LE I	- 7	√ame	
--	----	------	------	-----	------	--

The name of the Limited Liability Company is:

2022 JUN 15 AM II: 35

				TOTA JON 12 M
Noga Holding 1	.L.C			SEULETARY OF
(Must	contain the words "Limited	Liability Cor	npany, "L.L.C.," or "L.LC.")	TALLAHASS
ARTICLE II - Address: The mailing address and str	eet address of the principal o	office of the I	.imited Liability Company is:	
<u>Pri</u>	ncipal Office Address:		Mailing Ad	dress:
501 Whitehead	Street		501 Whitehead Street	
Key West, Fl. 3	3040		Key West, FL 33040	
The name and the Florida st	Joel Marcus			
		Name		
	676 W Prospect Road	i		
	Florida street address	(P.O. Box	SOT acceptable)	
	Fort Lauderdale	FL	33309	
	City	State	Zip	
Having been named as registe, place designated in this certific further agree to comply with the am familiar with and accept the	e provisions of all statutes re obligations of my position a	iniment as re lating to the is registered	proper and appeal of a selection of	t in this capacity. I

(CONTINUED)

"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	Noam Zano
	501 Whitehead Street
	Key West, FL 33040
	
	202
	25 2
	E STATE OF THE STA
	T.
	7-01
	Sign 3
frective date is listed, the date must be si	te of filing: (OPTIONAL) pecific and cannot be more than five business days prior to or 90 day
CLE V: Effective date, if other than the dat ffective date is listed, the date must be see of filing.) If the date inserted in this block does not turnent's effective date on the Department	pecific and cannot be more than five business days prior to or 90 day meet the applicable stantory filing requirements, this data will not be be
TLE V: Effective date, if other than the dat ffective date is listed, the date must be see of filing.) If the date inserted in this block does not	pecific and cannot be more than five business days prior to or 90 day meet the applicable stantory filing requirements, this data will not be be
CLE V: Effective date, if other than the dat ffective date is listed, the date must be see of filing.) If the date inserted in this block does not cument's effective date on the Department of	pecific and cannot be more than five business days prior to or 90 day meet the applicable stantory filing requirements, this data will not be be
CLE V: Effective date, if other than the dat ffective date is listed, the date must be se of filing.) If the date inserted in this block does not cument's effective date on the Department CLE VI: Other provisions, if any. State Investment REQUIRED SIGNATURE: Ignature of a m This document is exect I am aware that any fals	pecific and cannot be more than five business days prior to or 90 day meet the applicable stantory filing requirements, this data will not be be
CLE V: Effective date, if other than the dat ffective date is listed, the date must be se of filing.) If the date inserted in this block does not cument's effective date on the Department CLE VI: Other provisions, if any. State Investment REQUIRED SIGNATURE: Ignature of a m This document is exect I am aware that any fals	meet the applicable statutory filing requirements, this date will not be let of State's records. The member of an authorized representative of a member, and in accordance with section 605.0203 (1) (b), Florida Statutes, is information submitted in a document to the Department of State in formation submitted in a document to the Department of State in formation submitted in a document to the Department of State in formation submitted in a document to the Department of State in formation submitted in a document to the Department of State in formation submitted in a document to the Department of State in formation submitted in a document to the Department of State in formation submitted in a document to the Department of State in formation submitted in a document to the Department of State in formation submitted in a document to the Department of State in S

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

ARTICLE IV-

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