### Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : GEORGE DIAZ, P.A.
Account Number : I20200000005
Phone : (305)279-3231

Fax Number : (305)375-8050

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

Email Address: GDIAZ@DIAZREUS COM

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## FLORIDA LIMITED LIABILITY CO. SEN LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

NUV 21 PH 12: 35

# H 22000 392 4443

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

ARTICLE 1 - Name:	
The name of the Limited Liability Company is:	
SENIK LLC	
(Must contain the words "Limited Liabi	lity Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office	of the United Liability Company is:
Principal Office Address:	Mailing Address:
C'O GEORGE DIAZ, ESQ.	C/O GEORGE DIAZ, ESQ.
100 SE 2ND STREET, SUITE 3400	100 SE 2ND STREET, SUITE 3400
MIAMI, FLORIDA 33131	MIAML, FLORIDA 33131

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

GEORGE DIAZ, F	SQ.	
	Name	
100 SE 2ND STRE	EET, SUITE 3400	
Plorida street addr	ess (P.O. Box <u>NOT</u> scue	ptable)
MIAMI	FLORIDA	33131
City	Smte	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 vertificate, 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)

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# H220003924443

<u>litle:</u>	Name and Address:
'AMBR" = Authorized Member 'MGR" = Manager	
MOR	SENIK GBYORKYAN
	C/O GEORGE DIAZ, BSO., 100 SE 2ND STREET, #340 MIAMI, FLORIDA 33131
	<del></del>
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EV: Effective date, if other than th	c date of filing: (OPTIONAL) be specific and cannot be more than five business days prior to or
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EV: Effective date, if other than the etive date is listed, the date must filling.) the date inserted in this block does ment's effective date on the Depart EVI: Other provisions, if any	be specific and cannot be more than five business days prior to or not meet the applicable statutory filing requirements, this date will liment of State's records.
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V: Effective date, if other than the effice date is listed, the date must filling.) the date inserted in this block does ment's effective date on the Depart VI: Other provisions, if any.  REOUTED SIGNATURE:  Signature of This document is a fam aware that an	be specific and cannot be more than five business days prior to or a not meet the applicable statutory filing requirements, this date will ment of State's records.  If a member of an authorized representative of a member.
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\$ 5.00 Certificate of Status (Optional)

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November 18, 2022

PLORIDA DEPARTMENT OF STATE
Division of Corporations

GEORGE DIAZ, P.A.

SUBJECT: SEN LLC REF: W22000144533

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

One or more major words may be added to make the name distinguishable from the one presently on file.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Genesis R Kersey OPS Clerk FAX Aud. #: E22000392444 Letter Number: 622A00025779 2 NOV 21 PH 12: 35