

L23000169870

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

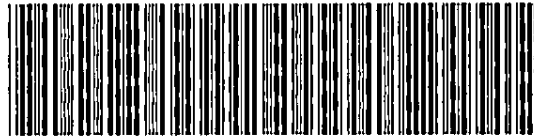
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600398833886

S. C. H. 111
APR 11 2023

04/10/23--01001--019 ***1.00

FILED
2023 APR 10 PM 1:22
TOLSON, W. J. ST. C.

RECEIVED
2023 APR 10 AM 9:49
ATTORNEY

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: NALISONS LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

AAW : STACY SMALL
Name of Person
SMITH THOMPSON SHAW
Firm/Company
3520 THOMASVILLE ROAD - 4TH FLOOR
Address
TALLAHASSEE, FL 32309
City/State and Zip Code
aamollaci@yahoo.com and arahin2@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

STACY SMALL 850 893-4105
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee
☐ \$130.00 Filing Fee & Certificate of Status
☐ \$155.00 Filing Fee & Certified Copy (additional 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 OF NALISONS LLC

The undersigned, pursuant to the provisions of Chapter 605 of the Florida Statutes (the "Florida Revised Limited Liability Company Act"), for the purpose of forming a Limited Liability Company under the laws of the State of Florida do set forth the following:

1. **NAME.**

The name of the Limited Liability Company is **NALISONS LLC** (hereinafter referred to as the "Company").

2. **PERIOD OF DURATION.**

The period of duration of the Company shall be perpetual, unless it is dissolved as provided in the Florida Limited Liability Act or the written Operating Agreement to be executed by all of the Members of the Company.

3. **PURPOSE.**

To engage in any and all other businesses and activities permitted by the laws of the State of Florida. The Company shall have all of the powers vested in a limited liability company organized and existing by virtue of such laws.

4. **MAILING ADDRESS AND PRINCIPAL PLACE OF BUSINESS.**

The mailing address of the business is **8374 Inverness Drive, Tallahassee, Florida 32312**. Such address may be changed from time to time as provided in the Operating Agreement.

5. **REGISTERED AGENT.**

The initial registered agent in Florida for the Company is: **Allashraf Mollaei**; located at **8374 Inverness Drive, Tallahassee, Florida 32312**.

6. **MANAGEMENT.**

The names and addresses of the persons authorized to manage and control the Limited Liability Company are as follows:

Allashraf Mollaei
8374 Inverness Drive
Tallahassee, Florida 32312

Naierah Rahimi Pour
8374 Inverness Drive
Tallahassee, Florida 32312

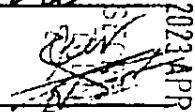
FILED
2023 APR 10 PM 1:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

EXECUTED at Tallahassee, Florida this 7th day of April, 2023.



Aliashraf Mollaei

Naierah Rahimi Pour


2023 APR 10 PM 1:22
CLERK OF COURT
JUDICIAL CIRCUIT IN AND FOR
THE NINTH JUDICIAL CIRCUIT
TALLAHASSEE, FLORIDA

FILED

CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN THIS STATE, NAMING AGENT WITH WHOM PROCESS MAY BE SERVED.

Pursuant to the provisions of Section 605 Florida Statutes, the undersigned Limited Liability Company, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the limited liability company is **NALISONS LLC.**
2. The name of the registered agent and office is: **Allashraf Mollael 8374 Inverness Drive, Tallahassee, Florida 32312.**

ACKNOWLEDGEMENT

Having been named to accept service of process for the above limited liability company, at the place designated in this certificate, I hereby accept to act in this capacity and agree to comply with the provision of said Act relative to being available at said location.


Allashraf Mollael, Registered Agent