

L23000259876

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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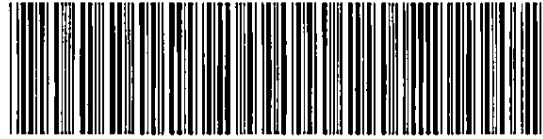
(Business Entity Name)

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# CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

NOMAD ORAZ LLC

Please Debit 120000000257 For: 125

Thank you Seth Neeley



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 \_\_\_\_\_  
Dissolution / Withdrawal \_\_\_\_\_  
Annual Report / Reinstatement \_\_\_\_\_  
Cert. Copy \_\_\_\_\_  
Photo Copy \_\_\_\_\_  
Certificate of Good Standing \_\_\_\_\_  
Certificate of Status \_\_\_\_\_  
Certificate of Fictitious Name \_\_\_\_\_  
Corp Record Search \_\_\_\_\_  
Officer Search \_\_\_\_\_  
Fictitious Search \_\_\_\_\_  
Fictitious Owner Search \_\_\_\_\_  
Vehicle Search \_\_\_\_\_  
Driving Record \_\_\_\_\_  
UCC 1 or 3 File \_\_\_\_\_  
UCC 11 Search \_\_\_\_\_  
UCC 11 Retrieval \_\_\_\_\_  
Courier \_\_\_\_\_

2023 Mar 30 AM 12:10  
TALLAHASSEE, FLORIDA

Signature

Requested by: SETH 05/30

Name Date Time

Walk-In Will Pick Up

**ARTICLES OF ORGANIZATION FOR  
NOMAD ORAZ LLC**

**ARTICLE I – NAME:**

The name of the Limited Liability Company is: NOMAD ORAZ LLC

**ARTICLE II – ADDRESS:**

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

255 Alhambra Circle  
Suite 500A  
Coral Gables, FL 33134

Mailing Address:

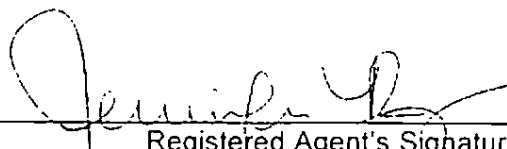
PO Box 104969  
Coral Gables, FL 33134

**ARTICLE III – REGISTERED AGENT:**

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

Ruz & Ruz PL  
255 Alhambra Circle  
Suite 500  
Coral Gables, FL 33134

*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

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2023 MAY 30 AM 12:10  
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**ARTICLE IV – AUTHORIZED PERSONS:**

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

Title  
MGR

Name & Address  
Zvi Michaeli  
Asirei Tsiyon Street 22, Apt 5  
Petah Tikva, Israel, ZC 4951932

MGR

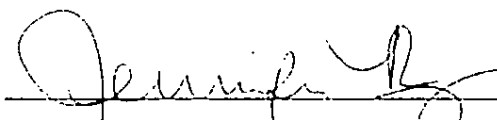
Omer Michaeli  
HaCarmel 6, Apt 25  
Ganey Tikva, Israel, ZC 5591606

**ARTICLE V – EFFECTIVE DATE:**

The effective date of these Articles of Organization is the date of filing.

**REQUIRED SIGNATURE:**

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.

  
Name: Jennifer Ruz, Incorporator

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