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| (Business Entity Name) | | | | | | | |
| (Document Number) | | | | | | | |
| Certified Copies | _ Certificates c | of Status | | | | | |
| Special Instructions to Filing Officer: | | | | | | | |
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CAPITAL CONNECTION, INC.

\$17 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

| NOMAD ZEA LLC | | | | | | |
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| | | | | Fictitious Name File | | |
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| | 05/30 | | | UCC 11 Search | | |
| Name | Date | Time | | UCC 11 Retrieval | | |
| Walk-In | Will Pick Up | | | Courier | | |

ARTICLES OF ORGANIZATION FOR NOMAD ZEA LLC

ARTICLE I - NAME:

The name of the Limited Liability Company is: NOMAD ZEA 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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ARTICLE IV - AUTHORIZED PERSONS:

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

Title Name & Address **MGR**

Zvi Michaeli

Asirei Tsiyon Street 22, Apt 5 Petah Tikva, Israel, ZC 4951932

MGR Nofar Barzilay HaShamron 14

Even Yehuda, Israel, ZC 4051714

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.

Jennifer Ruz, Incorporator Name:

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