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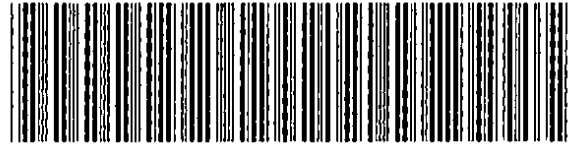
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4044 LONGLEAF CT

TALLAHASSEE, FL 32310

PH: 850-524-4381

PLEASE FILE THE ATTACHED ARTICLES FOR:

NOMAD INVESTMENTS LLC

PLEASE RETURN A CERTIFIED COPY

THANK YOU

CHECK# 9686 FOR: \$310.00 (\$155.00 for this filing)



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 18, 2023

FLORIDA RESEARCH & FILING SERVICES, INC.

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Ref. Number: W23000113100

We have received your document for NOMAD INVESTMENTS LLC. However, the document has not been filed and is being returned for the following:

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**ARTICLES OF ORGANIZATION OF
NOMAD ASSET HOLDINGS, LLC**

**ARTICLE I
NAME**

The name of this Limited Liability Company shall be **NOMAD ASSET HOLDINGS, LLC** (the "Company").

**ARTICLE II
PRINCIPAL PLACE OF BUSINESS**

The principal place of business of the Company shall be **8950 S.W. 74th Court, Suite 1901, Miami, FL 33156**, and such other place or places as the members from time to time may determine. The mailing address of the Company is **8950 S.W. 74th Court, Suite 1901, Miami, FL 33156**.

**ARTICLE III
INITIAL REGISTERED OFFICE AND
REGISTERED AGENT**

The initial registered agent of the Company shall be **Atrium Registered Agents, Inc.** The address of the initial registered agent is **8950 S.W. 74th Court, Suite 1901, Miami, FL 33156**.

**ARTICLE IV
MANAGEMENT**

The Limited Liability Company is to be managed by one or more managers and is, therefore, a **manager-managed** company. The name and address of the manager who will serve as manager until the first annual meeting of members or until her successors are selected and qualified in accordance with the Operating Agreement or applicable law is:

Barbara Alarcon
8950 S.W. 74th Court, Suite 1901
Miami, FL 33156.

**ARTICLE V
DURATION**

The period of duration of the Company shall be perpetual, and the Company shall be in existence until dissolved in a manner provided by law, or as provided in the Operating Agreement.

IN WITNESS WHEREOF, the undersigned has caused these Articles of Organization to be executed on the 17th day of August, 2023, effective upon filing same with the Florida Department of State.

BY: _____

Jose L. Nuñez, Authorized Representative

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

1. The name of the limited liability company is:

NOMAD ASSET HOLDINGS, LLC

2. The name and address of the registered agent and office is:

Atrium Registered Agents, Inc.
8950 S.W. 74th Court
Suite 1901
Miami, FL 33156

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.

ATRIUM REGISTERED AGENTS, INC.

By:  _____
Jose L. Nuñez, Vice President

Date: August 17, 2023.

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