

L23MWS47397

Florida Department of State

Division of Corporations

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H230004232023ABCS

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : NJ LAW PLLC
Account Number : I20200000122
Phone : (239)920-5228
Fax Number : (239)920-5289

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

Email Address: nenobene88@gmail.com

FLORIDA LIMITED LIABILITY CO.

NMMI LLC

Certificate of Status	0
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D. J. J. Jabil Joseph

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**ARTICLES OF ORGANIZATION
OF
NMMI LLC**

ARTICLE I – NAME

The name of the limited liability company is **NMMI LLC** (the "company").

ARTICLE II – ADDRESS

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

Principal Office Address:

1355 Mariposa Cir #103

Naples, Florida 34105

Mailing Address:

1355 Mariposa Cir #103

Naples, Florida 34105

**ARTICLE III - REGISTERED AGENT,
REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE**

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

NJ Law PLLC
3411 Tamiami Trail N., Ste. 100
Naples, Florida 34103

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.

NJ Law PLLC

By: 

Nabil Joseph, Authorized Representative

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ARTICLE IV - MANAGERS OR MEMBERS

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

Title:

Name and Address:

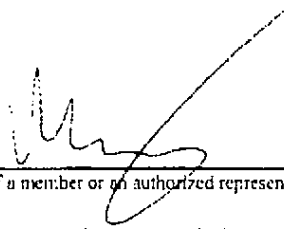
"MGR" = Manager

"AMBR" = Authorized Member

MGR

Nenad Mihajlovikj
1355 Mariposa Cir #109
Naples, Florida 34105

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

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.

Nenad Mihajlovikj

Typed or printed name of signee

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STATE OF FLORIDA
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