Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : HARVARD BUSINESS SERVICES, INC.

Account Number : I20080000045 Phone : (302)645-7400

Fax Number : (302)645-1280

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

Email Address:

## FLORIDA LIMITED LIABILITY CO. MH Nomad Wynwood LLC

	THE RESERVE OF THE PERSON NAMED IN COLUMN 2 IN COLUMN
Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:	
MH Nomad Wynwood LLC	00 1 71 W and 171 W
(Must contain the words "Limited Liabilit	y Company, "Lated to the Care to
ARTICLE II - Address: The mailing address and street address of the principal office of  Principal Office Address:	the Limited Liability Company is: <u>Mailing Address</u> :
	6646 Bristol Lake South
6646 Bristol Lake South	Delray Beach, FL 33446
Delray Beach, Ft. 33.446	
ARTICLE III - Registered Agent, Registered Office, & Reg (The Limited Liability Company cannot serve as its own Regist another business entity with an active Florida registration.) The name and the Florida street address of the registered agent	ered Agent. 1 ou must designate an morrount of

Registered Agents Inc.
Name

7901 4th Street N. Ste 300 Florida street address (P.O. Box <u>NOT</u> acceptable)

 St. Petersburg
 F1.
 33702

 City
 State
 Zip

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. Thereby 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 (REQUIRED)

(CONTINUED)

WUL 21 1: 7:37

**CLE VI: Other provisions, if any.  **REOURED SIGNATURE:  **Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605,0203 (1) (b). Plorida 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.  **Sats an Malbotra**  Typed or printed name of signee  **Typed or printed name of signee	Title:		Name and Address:	
(Use attachment if necessary)  (OPTIONAL)  (OPTIONAL)  (OPTIONAL)  (OPTIONAL)  (In the date is listed, the date must be specific and cannot be more than five business days prior to or 90 days tee of filing.)  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be licensent's effective date on the Department of State's records.  (CLE VI: Other provisions, if any.)  REOURED SIGNATURE:  Signature of a member or an authorized representative of a member.  This document is executed in accordance with section 605.0.203 (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 8.817.135, F.S.  Satyan Malhotta				
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\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent	CLE V: Effective effective date is liste of filing.)  If the date inserte ocument's effective CLE VI: Other pro	date, if other than the disted, the date must be ged in this block does not e date on the Department ovisions, if any.  Signature of a This document is exist an aware that any constitutes a third de Satyan Malhe	of meet the applicable statutory filing requirements, this date will ent of State's records.  I member or an authorized representative of a member, ecuted in accordance with section 605,0203 (1) (b). Florida Statu false information submitted in a document to the Department of Signer felony as provided for in s.817.155. F.S.  Diffa  Typed or printed name of signer  Filing Fees:	not be lis

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)