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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(City/State/Zip/Prione #)
PICK-UP WAIT MAIL
(Business Entity Name)
(200,000 2,000,000,000,000,000,000,000,00
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

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Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 12/30/2024	_		ANTIIA EU D	Deser
			₩ALK II	,
ENTITY NAME OBM	International LLC			_
			2024050	
DOCUMENT NUMBER			(A)	- :
	PLEASE FILE THE ATTACH	ED AND RETURN	. Fr: 9: 47	i ;
	Plain Copy		7	
XXXXXXXX	Certified Copy			
	Certificate of Status			
	**PLEASE OBTAIN THE FOLLOWING I Certified Copy of Arts & Amendmen Certificate of Good Standing			
	APOSTILLE' / NOTARIAL	CERTIFICATION		
COUNTRY OF DESTIN	ATION			
NUMBER OF CERTIFIC	PATES REQUESTED			
TOTAL OWED \$ 180.	00	ACCOUNT #: 1201600	000072	
		E. 8 7/10	5	
Please call Tina at	the above number for any issues			

ARTICLES OF DOMESTICATION

ln ac	ecordance with 605.1055, Florida Statutes, the Articles of Domestication are submitted for filing:	
1.	The date on which the entity was first formed was: December 2, 1994	
2.	The name of the entity immediately prior to the filing of the Articles of Domestication was: OBM International Ltd., a British Virgin Islands company	-
	OBM International Ltd., a British Virgin Islands company	; <u>}</u>
3.	Attached are Florida Articles of Organization to complete the domestication requirements pursuant ts. 605.0201.	0 7
4.	The jurisdiction that constituted the seat, siege social, or principal place of business or central administrate entity or any other equivalent jurisdiction under applicable law, immediately before the filing of of Domestication was: British Virgin Islands	stration of
5.	The domestication has been approved in accordance with the laws of the jurisdiction of formation of domesticating entity.	the
	I am authorized to sign these Articles of Domestication on behalf of the entity. Authorized Signature	
6.	Attached is a certificate of status or equivalent document, if any, from the domesticating jurisdiction pursuant to s. 605.1055 (3), Florida Statutes.	of formation,

CR2E143 (3/17)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:			
OBM International LLC			
(Must contain the words "Limited Liabili	ty Company, "L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street address of the princ	cipal office of the Limited Liability Compar	ny is:	
Principal Office Address:	Mailing Address:		. ;
806 Douglas Road South Tower	806 Douglas Road South Tower	1 20	
Suite 400	Suite 400		
Coral Gables, Florida 33134	Coral Gables, Florida 33134		أبريا
The name and the Florida street address of the regi	etwork Inc.		
·	lame		
801 US Highway I	s (P.O. Box NOT acceptable)		
North Palm Beach	33408		
City	Zip		
Having been named as registered agent and to acceplace designated in this certificate, I hereby accepfurther agree to comply with the provisions of all standard am familiar with and accept the obligations of	of the appointment as registered agent and ag atutes relating to the proper and complete pe	ree to act in this cape rformance of my duti for in Chapter 605, F	acity. 1 les, and 1 l.S

(CONTINUED)

ARTICLE IV-

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

Title:	Name and Address:	
"AMBR" = Authorized Member "MGR" = Manager MGR	Timothy Peck	
	806 Douglas Road South Tower, Suite 400	
	Coral Gables, Florida 33134	
MGR	Michael D. Wilson	
	806 Douglas Road South Tower, Suite 400	
	Coral Gables, Florida 33134	
MGR	Tareq El Zayat	. !
	Suite 194, The Offices, 1, One Central	,
	Dubai World Trade Center Dubai, United Arab Emerates	;
)
(Use attachment if necessary)		
RTICLE V: Effective date, if other than fan effective date is listed, the date mustys after the date of filing.)	the date of filing: 12/31/2024 (OPTIONAL) st be specific and cannot be more than five business days prior to or 90 cales	nda
RTICLE VI: Other provisions, if any.		
	1	
EQUIRED SIGNATURE:	MA.LiL	
SOMED SIGNATURE.	Signature of a member or an authorized representative	

(In accordance with section 605.0205 (3), 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.)

Michael D Wilson

Typed or printed name of signee

Filing Fees: