

Florida Department of State  
Division of Corporations  
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To:

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

From:

Account Name : ALEXANDER ALMONTE, ESQ/I INCORPORATE LTD.  
Account Number : 120070000019  
Phone : (518)689-1212  
Fax Number : (518)432-0742

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

Email Address: \_\_\_\_\_

**FLORIDA LIMITED LIABILITY CO.  
NISC LLC**

|                       |          |
|-----------------------|----------|
| Certificate of Status | 1        |
| Certified Copy        | 0        |
| Page Count            | 02       |
| Estimated Charge      | \$130.00 |

# ***Articles of Organization***

*for*

## ***Florida Limited Liability Company***

### **ARTICLE I NAME**

The name of the Limited Liability Company is:

***NISC LLC***

### **ARTICLE II PRINCIPAL OFFICE**

The mailing address and street address of the principal office is:

***4684 MONDRIAN CT, SARASOTA, FL 34240***

***Mailing Address: 4684 MONDRIAN CT, SARASOTA, FL 34240***

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

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

***ALEX OLEG GAUFMAN***  
***4684 MONDRIAN CT, SARASOTA, FL 34240***

### **ARTICLE IV AUTHORIZED REPRESENTATIVE / MANAGER**

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

***ALEX OLEG GAUFMAN, Authorized Member***  
***4684 MONDRIAN CT, SARASOTA, FL 34240***

**January 2, 2025**

*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..*

**s/ ALEX OLEG GAUFMAN**  
**ALEX OLEG GAUFMAN**  
***Registered Agent***

*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.*

**s/ ALEX OLEG GAUFMAN**  
**ALEX OLEG GAUFMAN**  
***Authorized Member***