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SECRETARY OF STATE ALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE Division of Corporations

September 24, 2015

GARY SILBERMAN, ESQ. GARY SILBERMAN, P.A. 2665 S. BAYSHORE DRIVE, SUITE 725 COCONUT GROVE, FL 33133

SUBJECT: NINVEH, LLC Ref. Number: W15000063752

We have received your document for NINVEH, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to s.605.0902(1)(e), Florida Statutes, the document must contain the name, title or capacity and address of at least one person who has the authority to manage the foreign limited liability company.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, ple (850) 245-6051.

Deborah Bruce Regulatory Specialist II Letter Number: 515A00020185 — A ...

COVER LETTER

TO:

| 0: | Registration Section Division of Corporations | |
|----------------|--|--|
| J BJE O | NINVEH, LLC CT: | |
| | Name of Limited Liability Company | |
| | closed "Application by Foreign Limited Liability Company for Authorization to Transace, and check are submitted to register the above referenced foreign limited liability co | |
| ase re | return all correspondence concerning this matter to the following: | |
| - | Gary Silberman, Esq. | |
| • | Name of Person | |
| | Gary Silberman, P.A. | |
| | Firm/Company | |
| | 2665 S. Bayshore Drive, Suite 725 | |
| | Address | |
| | Coconut Grove, FL 33133 | 20 TAL |
| | City/State and Zip Code | CARE O |
| | oasisirit@gmail.com | TAR ASS |
| | E-mail address: (to be used for future annual report notific | ation) |
| r furth | her information concerning this matter, please call: | |
| | Gary Silberman, Esq. 305 285-0377 at (| TE 24 |
| | | e Telephone Number |
| | MAILING ADDRESS:STREET AllDivision of CorporationsDivision of CorporationsRegistration SectionRegistrationP.O. Box 6327Clifton BuildTallahassee, FL 323142661 ExecutTallahassee,Tallahassee, | Corporations Section ling ive Center Circle |
| iclosed | | 3 \$160.00 Filing Fee, Certificate f Status & Certified Copy |

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| 1. NINVEH, LLC (Name of Fore | eign Limited Liability Company; must include | "Limited Liability Company," "L.L | .C.," or "LLC.") | |
|--|---|---|--|---|
| (If name unavailable, enter al Liability Company," "L.L.C, | Iternate name adopted for the purpose of trans " or "LLC.") | acting business in Florida. The altern | nate name must inclu | ıde "Limited |
| 2. Wyoming | 3 4 | 17-4800486 | | |
| (Jurisdiction under the law company is organized) | of which foreign limited liability | (FEI number, if app | olicable) | |
| 4. 09/17/2015 | | | | |
| 4 | (Date first transacted business in Flor (See sections 605.0904 & 605.0905, F.S. | rida, if prior to registration.) | | |
| 5. 1530 West 22nd Street | | s. to determine penalty hability) | | |
| Miami Beach, FL 3314 | 40 | | | |
| _ | (Street Address of Principal | Office) | | |
| 6. P.O. Box 398112 | | | i | |
| Miami Beach, FL 3323 | 39 | | ALI SE | |
| <u> </u> | (Mailing Address) | <u> </u> | 2015 OCT SECRETA ALLAHA | 777 |
| 7 Name and street addres | ss of Florida registered agent: (P.O. Box | NOT acceptable) | (1) | Granus Granus |
| | Gary Silberman, Esq. | 1101 acceptable) | -7 RYR | |
| Name: | | | ± 0 P | Ш |
| Office Address: | 2665 S. Bayshore Drive, Suite 725 | | - RASTA | O |
| | Coconut Grove | , Florida 33133 | A II: 24 STATE LORIDA | |
| Registered agent's accep | (City) | (Zip co | | |
| designated in this applica to complywith the provision accept the obligations of t | gistered agent and to accept service of pation, I hereby accept the appointment as ons of all statuted relative to the proper of my position as registered agent. (Registered agen | registered agent and agree to ac and complete performance of my nt's signature) | ct in this capacity. y duties, and I am | ny at the place I further agi familiar with |
| | acity and address of the person(s) who has | | | |
| Irit Aviv . Manager, | 1530 West 22nd Street, | Sunset Island No. | 4, | |
| | Miami Beach, FL 33140 | | | |
| | of existence, no more than 90 days old, of which it is organized. (If the certificate | | | |

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.

STATE OF WYOMING Office of the Secretary of State

I, EDWARD F. MURRAY, III, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

Ninveh, LLC

is a Limited Liability Company

formed or qualified under the laws of Wyoming did on **August 11, 2015**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2015-000692591**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 8th day of September, 2015 at 9:25 AM. This certificate is assigned 018492839.



Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website http://wyobiz.wy.gov and following the instructions displayed under Validate Certificate.