

M18000005681

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

W218-50490
(Business Entity Name)

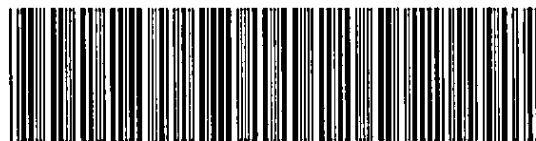
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JUN 18 2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 29, 2018

MISTY L. TIDOVSKY
KENNETH C. THOMAS, APLC
425 ASHLEY RIDGE BLVD., SUITE 390
SHREVEPORT, LA 71106

SUBJECT: NIMJUNI FL, LIMITED LIABILITY COMPANY
Ref. Number: W18000050490

We have received your document for NIMJUNI FL, LIMITED LIABILITY COMPANY, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$125.00.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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, please call (850) 245-6051.

Nanette Causseaux
Regulatory Specialist II Supervisor

Letter Number: 718A00011095

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: NIMJUNI FL, LIMITED LIABILITY COMPANY

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Misty L. Tidovsky

Name of Person

Kenneth C. Thomas, APLC

Firm/Company

425 Ashley Ridge Blvd, Suite 390

Address

Shreveport, Louisiana 71106

City/State and Zip Code

brendanim5@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robert Ajluni

504

251-1234

Name of Contact Person

at (_____) _____
Area Code

Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☒ \$160.00 Filing Fee, Certificate
of 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. NIMJUNI FL, LIMITED LIABILITY COMPANY

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLC.")

2. STATE OF LOUISIANA

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 82-5387750

(FEI number, if applicable)

4. 5/1

(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. ROBERT AJLUNI

(Street Address of Principal Office)

209 DUE EAST

NEW SMYRNA BEACH, FL 32169

6. ROBERT AJLUNI

(Mailing Address)

5922 RIVER ROAD

SHREVEPORT, LA 71105

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: KENNETH BOHANNON, P.L.

Office Address: 221 N. CAUSEWAY, SUITE A

NEW SMYRNA BEACH

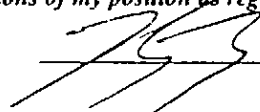
(City)

, Florida 32169

(Zip code)

Registered agent's acceptance:

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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.



(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Title or Capacity:

Name and Address:

Title or Capacity:

Name and Address:

MEMBER

ROBERT ALBERT AJLUNI

MEMBER

BRENDA NIMS AJLUNI

5922 RIVER ROAD

SHREVEPORT, LA 71105

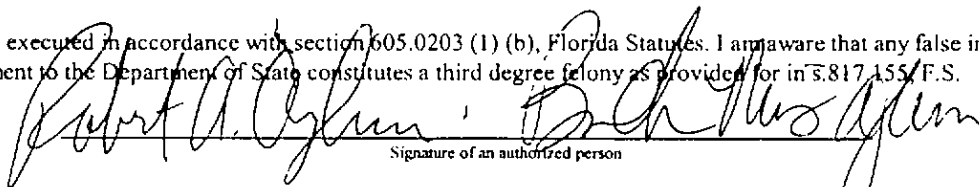
5922 RIVER ROAD

SHREVEPORT, LA 71105

(Use attachments if necessary)

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. 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 §.817.155, F.S.

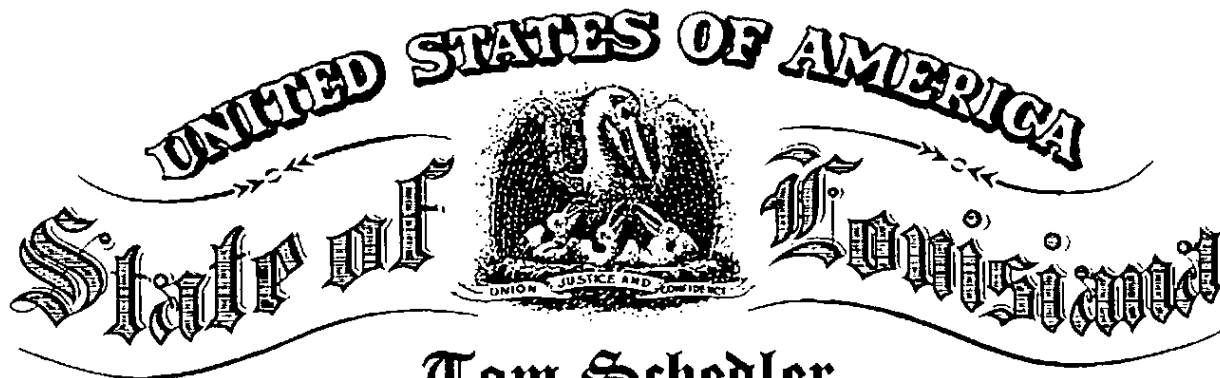


Signature of an authorized person

ROBERT ALBERT AJLUNI

BRENDA NIMS AJLUNI

Typed or printed name of signee



Tom Schedler
SECRETARY OF STATE

As Secretary of State of the State of Louisiana I do hereby Certify that

a copy of the Articles of Organization and Initial Report of

NIMJUNI FL, LIMITED LIABILITY COMPANY

Domiciled at SHREVEPORT, LOUISIANA,

Was filed and recorded in this Office on April 23, 2018,

And all fees having been paid as required by law, the limited liability company is authorized to transact business in this State, subject to the restrictions imposed by law, including the provisions of R.S. Title 12, Chapter 22.

In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

April 25, 2018

Secretary of State

CM 43038439K



Certificate ID: 10944883#52N83

To validate this certificate, visit the following web site, go to **Business Services**, **Search for Louisiana Business Filings**, **Validate a Certificate**, then follow the instructions displayed.
www.sos.la.gov