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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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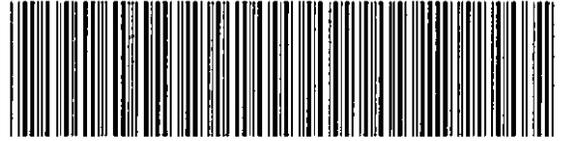
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL

2023 JUN 27 PM 6:35

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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: NYAM, LLC  
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:

Michel Amar  
Name of Person  
NYAM, LLC  
Firm/Company  
750 S Shore Dr  
Address  
Miami Beach, FL 33141  
City/State and Zip Code  
michelamar@me.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michel Amar at (212) 203-1800  
Name of Contact Person Area Code Daytime Telephone Number

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

Street Address:  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

- \$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. NYAM, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," 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," "L.L.C.," or "LLC.")

2. California (Jurisdiction under the law of which foreign limited liability company is organized)
3. 01-0959744 (FEI number, if applicable)

4. Not applicable
(Date first transacted business in Florida, if prior to registration. See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 750 S Shore Dr (Street Address of Principal Office)
6. 750 S Shore Dr (Mailing Address)
Miami Beach, FL 33141

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

Name: Michel Amar
Office Address: 750 S Shore Dr
Miami Beach, Florida 33141
(City) (Zip code)

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TALLAHASSEE, FL

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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.

DocuSigned by: Michel Amar
DF08230B953F43E .. (Registered agent's signature)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity:                      Name and Address:  
 Manager                      Name: Michel Amar  
 Member                      Address: 750 S Shore Dr  
 Authorized                      Miami Beach, FL 33141  
Person                      \_\_\_\_\_  
 Other \_\_\_\_\_                       Other \_\_\_\_\_

Manager                      Name: \_\_\_\_\_  
 Member                      Address: \_\_\_\_\_  
 Authorized                      \_\_\_\_\_  
Person                      \_\_\_\_\_  
 Other \_\_\_\_\_                       Other \_\_\_\_\_

Manager                      Name: \_\_\_\_\_  
 Member                      Address: \_\_\_\_\_  
 Authorized                      \_\_\_\_\_  
Person                      \_\_\_\_\_  
 Other \_\_\_\_\_                       Other \_\_\_\_\_

Title or Capacity:                      Name and Address:  
 Manager                      Name: \_\_\_\_\_  
 Member                      Address: \_\_\_\_\_  
 Authorized                      \_\_\_\_\_  
Person                      \_\_\_\_\_  
 Other \_\_\_\_\_                       Other \_\_\_\_\_

Manager                      Name: \_\_\_\_\_  
 Member                      Address: \_\_\_\_\_  
 Authorized                      \_\_\_\_\_  
Person                      \_\_\_\_\_  
 Other \_\_\_\_\_                       Other \_\_\_\_\_

Manager                      Name: \_\_\_\_\_  
 Member                      Address: \_\_\_\_\_  
 Authorized                      \_\_\_\_\_  
Person                      \_\_\_\_\_  
 Other \_\_\_\_\_                       Other \_\_\_\_\_

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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 s.817.155, F.S.

DocuSigned by:  
Michel Amar  
DF002308959F43E..

Signature of an authorized person

Michel Amar

Typed or printed name of signee



# Secretary of State Certificate of Status

I, SHIRLEY N. WEBER, PH.D., California Secretary of State, hereby certify:

**Entity Name:** NYAM, LLC  
**Entity No.:** 200905810036  
**Registration Date:** 02/24/2009  
**Entity Type:** Limited Liability Company - CA  
**Formed In:** CALIFORNIA  
**Status:** Active

The above referenced entity is active on the Secretary of State's records and is authorized to exercise all its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the date of this certificate and does not reflect documents that are pending review or other events that may impact status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.



**IN WITNESS WHEREOF**, I execute this certificate and affix the Great Seal of the State of California this day of June 26, 2023.

**SHIRLEY N. WEBER, PH.D.**  
Secretary of State

**Certificate No.:** 123949333

To verify the issuance of this Certificate, use the Certificate No. above with the Secretary of State Certification Verification Search available at [bizfileOnline.sos.ca.gov](http://bizfileOnline.sos.ca.gov).