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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : ELIAIEK,RUIZ,RODRIGUIZ,ALVEREZ,P.L.L.C
Account Number : 120030000013
Phone : (305)444-6888
Fax Number : (786)632-9173

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

Email Address: mme.ertalaw.com

Foreign Limited Liability Company
MS Investments NBV-Master, LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

RECEIVED

2023 AUG -4 PM 3:35

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

Attached: affidavit
proof of dissolution of FL form.
cogs.

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MS Investments NBV-Master, 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:

Santiago Eljaiek c/o Monique Martino

Name of Person

ERRA Registered Agents, LLC

Firm/Company

2601 South Bayshore Drive - 18th Floor

Address

Coconut Grove, FL 33133

City/State and Zip Code

mm@erralaw.com

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

For further information concerning this matter, please call:

Barbara Baquet

at (305) 444-5969

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

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ERRALAW

Affidavit

08-04-23

To Sunbiz:

We opened the LLC - MS INVESTMENTS NBV-MASTER, LLC Doc# L23000201560 on 4-21-23 in error. We have dissolved it and now ask for the Division of Corporations to release the name in order to file as a foreign qualification.

Monique Martino
Authorized Signor & Date

8/1/2023

State of Florida

County Miami-Dade

Sworn to (or affirmed) and subscribed before me by means of ☒ physical presence or ☐ online notarization, this 4th day of August 2023, by Monique Martino, who is personally known to me or who has produced _____ as identification.

(Seal)

Signature of Person Taking Acknowledgment

Barbara Baquet



Name Typed/Printed/Stamped

paralegal

Title or Rank

Serial Number (if any)

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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. MS Investments NBV-Master, 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. Delaware
 (Jurisdiction under the law of which foreign limited liability company is organized)

3. _____
 (FEI number, if applicable)

4. _____
 (Date first transacted business in Florida, if prior to registration.)
 (See sections 605.0904 & 605.0903, F.S. to determine penalty liability)

5. 201 Sevilla Avenue #300
 (Street Address of Principal Office)

6. 201 Sevilla Avenue #300
 (Mailing Address)

Coral Gables, FL 33134

Coral Gables, FL 33134

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

Name: ERRA Registered Agents, LLC

Office Address: 2601 South Bayshore Drive 18th Floor

Coconut Grove, Florida 33133
 (City) (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)

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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: Masoud Shojaee

☐ Member Address: 201 Sevilla Avenue #300

☐ Authorized Coral Gables, FL 33134

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: Stephanie Shojaee

☐ Member Address: 201 Sevilla Avenue #300

☐ Authorized Coral Gables, FL 33134

Person _____

☒ Other Secretary ☐ 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.


Signature of an authorized person

Santiago Eljaiek III, Esq. as authorized signatory

Typed or printed

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Delaware

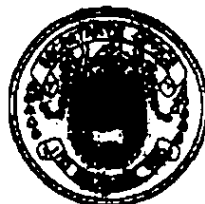
The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MS INVESTMENTS NBV-MASTER, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FOURTH DAY OF AUGUST, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MS INVESTMENTS NBV-MASTER, LLC" WAS FORMED ON THE SEVENTH DAY OF MARCH, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.



7334278 8300

SR# 20233167528

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JBULLOCK", written over a horizontal line.

Authentication: 203896863

Date: 08-04-23