

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H25000000720 3)))



H250000007203ABCQ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.

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