# L23000122542

(Rеди	estor's Name)	<u></u>
(Addre	955)	
(Addre	ess)	
(City/S	State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(Busin	ess Entity Mame)	
(Доси	ment Number)	
Copies	Certificates of	Status
*Instructions to Filing	Officer:	<u> </u>

Office Use Only



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2023 HAR 16 PH 3: 20 SECRETARY (\*\* ST/T



## Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301 850.656.7956

Fax: 850.656.7953 www.incserv.com

# **ORDER FORM**

**TO** Florida Department of State

**FROM** 

Melissa Moreau

The Centre of Tallahassee 2415 North Monroe Street, Suite 810

Tallahassee, FL 32303

corphelp@dos.myflorida.com

850-245-6051

850.656.7953

**REQUEST DATE** 03/16/2023

**PRIORITY** Routine

OUR REF # (Order ID#) Renee

**ORDER ENTITY** 

**ENESCA SALES PR AND MARKETING LLC** 

### PLEASE PERFORM THE FOLLOWING SERVICES:

**ENESCA SALES PR AND MARKETING LLC** 

Please file the attached articles.

### **NOTES:**

\$125.00 Authorized

### **RETURN/FORWARDING INSTRUCTIONS:**

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Nan The name of the Lit	ne: mited Liability Comp	onny is:						
	AND MARKETING LL		трапу, "	L.L.C.," or "L.L.	(2.m)	<u>-</u>		
ARTICLE II - Add								
The mailing address	and street address o	f the princ	ipal off	fice of the Li	mited Liabili	ty Com	pany i	<b>s</b> :
Principal Office Ac	idress:	<u>v</u>	<u> Iailine</u>	Address:				
150 Ocean Lane Dr	10 F		150 Oc	ean Lane Dr	10 F			
Key Biscayne, FL 3	3149		Kcy_Bi	scayne, FL 3	3149			
ARTICLE III - Reg (The Limited Liability Con- business entity with an act The name and the Fl	ipany cannot serve as its ov ive Florida registration.)	vn Registered	Agent, Y	ou must designa			3 MAR 16	
_	1415IIII Naileti	Name			_	ر دی دی	િમ સ	2
,-	150 Ocean Lane Dr Florida street addres		x <u>NO</u> 7	acceptable)	<u> </u>		: 20	
	Key Biscayne		FL	33149				
_	City			Zip	<b>-</b>			

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.

Nisim Kaneti gistered Agent's Signature (REQUIRED)

(CONTINUED)

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
AMBR	Nisim Kaneti
	150 Ocean Lane Dr 10 F
	Key Biscayne, FL 33149
<del></del> _	<u> </u>
Use attachment if necessary)	
E V: Other provisions, if any.	
EQUIRED SIGNATURE: /	M
<u>/h.</u>	( hoe to
7	
This document is executed in accordance v	n authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am aware ent to the Department of State constitutes a third degree for
as provided for in s.817.155, F.S.	

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)

ARTICLE IV-