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Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850)205-0383

From: Account Name : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
Phone : (305) 634-3694  
Fax Number : (305) 633-9696

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FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE FLORIDA

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DIVISION OF CORPORATION

**LIMITED LIABILITY COMPANY**

**1804 LA PERLA LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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**ARTICLES OF ORGANIZATION FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

1804. -- LA PERLA LLC

**Article II - Address:**

The mailing address and street address of the principle office of the Limited Liability Company is:

64 ROBINSON AVENUE  
STATEN ISLAND, N.Y. 10312

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

The name and the Florida street address of the registered agent are:

BELLA CROSSMAN

Name

1920 EAST HALLANDALE BEACH BLVD. #510

Florida street address (P.O. Box NOT acceptable)

HALLANDALE BEACH, FL 33009

City, State, and Zip

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 608, F.S..

B. Crossman

Registered Agent's Signature

**ARTICLE IV - Management / Members**

The name(s) and address(es):

BELLA CROSSMAN, Mgmt/Mem  
1920 E. Hallandale Bch Blvd. #510  
Hallandale Bch, FL 33009

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**ARTICLE V - Management (Check box if applicable.)**

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)



*Signature of a member or an authorized representative of a member.*

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

BELLA GROSSMAN

*Typed or printed name of signee*