

Division of Corporations

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Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 617-6381

From: Account Name : LEGALINC CORPORATE SERVICES INC.  
Account Number : I20180000011  
Phone : (844) 386-0178  
Fax Number : (214) 317-4754

\*\*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.  
904 N ST REGIS LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

2018 SEP -6 PM 4: 29

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

**ARTICLE I**  
**Name**

The name of the Limited Liability Company is:

904 N ST REGIS LLC

**ARTICLE II**  
**Address**

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

**Principal Office Address:**

3340 NE 190<sup>th</sup> Street, #1105  
Aventura, FL 33180

**Mailing Address:**

3340 NE 190<sup>th</sup> Street, #1105  
Aventura, FL 33180

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

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

Ira R. Shapiro  
16375 NE 18<sup>th</sup> Avenue, Suite 225  
North Miami Beach, FL 33162

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*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.*

  
Ira R. Shapiro, Registered Agent

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**ARTICLE IV**  
**Management**

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

**ARTICLE V**  
**Persons Authorized to Manage and Control**

The name and address of each person authorized to manage and control the Limited Liability Company are as follows:

<u>Title:</u>	<u>Name and Address:</u>
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	Mohey Elsayed 3340 NE 190 <sup>th</sup> Street, #1105 Aventura, FL 33180
MGR	Antonio Zerur 3340 NE 190 <sup>th</sup> Street, #1105 Aventura, FL 33180

*Mohey Elsayed*  
\_\_\_\_\_  
Mohey Elsayed, MGR

*(In accordance with Section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.817.133, F.S.)*

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