

# L190000 94 786

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

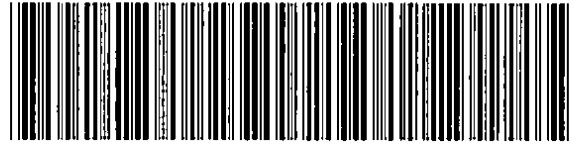
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

19 APR 10 AM 11:29

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**CORPORATE  
ACCESS,  
INC.**

*When you need ACCESS to the world*

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236 East 6th Avenue, Tallahassee, Florida 32303  
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

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**WALK IN**

**PICK UP:** 04/10/2019

- CERTIFIED COPY** \_\_\_\_\_
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- FILING** \_\_\_\_\_

1. 4002 OAK LAWN AVE, LLC  
(CORPORATE NAME AND DOCUMENT #)
2. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
3. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
4. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
5. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
6. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL INSTRUCTIONS:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Articles of Organization  
For  
Florida Limited Liability Company**

**Article I**

The name of the Limited Liability Company is:

4002 OAK LAWN AVE, LLC

**Article II**

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

6218 N. Federal Highway  
Ft. Lauderdale, FL 33308

The mailing address of the Limited Liability Company is:

6218 N. Federal Highway  
Ft. Lauderdale, FL 33308

The email address to receive notifications from the Florida Department of State is:

nancy@negproperty.com

**Article III**

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

Joseph A. Porrello, Esq.  
7875 SW 104th Street  
Suite 103  
Miami, FL 33156

Having been named as registered agent and to accept service of the 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.

Registered agent signature: /s/ Joseph A. Porrello, Esq.

DEPARTMENT OF STATE  
MIAMI OFFICE, FLORIDA

19 APR 10 AM 11:26

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## Article IV

The Limited Liability Company will be a manager-managed company. The name and address of person authorized to manage Limited Liability Company is:

Ira Lang  
Title: Manager  
6218 N. Federal Highway  
Ft. Lauderdale, FL 33308

Signature of member or an authorized representative: /s/ Ira Lang

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.

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19 APR 10 AM 11:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA