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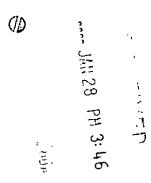
(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(4-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer





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236 East 6th Avenue. Tallahassee, Florida 32303

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WALK IN

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	FILING	LLC			_,	
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COVER LETTER

	iling Section on of Corporations	
SUBJECT:	200 NE 7th Ave Name of Limited Liabili	#3, LLC ity Company
The enclosed Ar	rticles of Organization and fee(s) are submitted	for filing.
Please return all	correspondence concerning this matter to the f	following:
	Jeffrey D. W Name of	evy, Esq.
	Levy Closin	OS, PA
	1001 Yamato Y	RD # 401
	Boca Ratan City/State an	FL 33431
	·	
<u></u>	E-mail address: (to be used for future a	annual report notification)
For further inform	nation concerning this matter, please call:	
	Name of Person Area Code	Daytime Telephone Number
Enclosed is a ch	heck for the following amount:	
\$125.00 Filing	Certificate of Status Certificate	00 Filing Fee & S160.00 Filing Fee, fied Copy Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address	Street Address
	New Filing Section Division of Corporations	New Filing Section Division of Corporations
	P.O. Box 6327	Clifton Building
	Tallahassee, FL 32314	2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:
200 NE 7th Ave #3, LLC (Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address: Mailing Address:
200 NE 7th Avenue# 3 Derray Beach, FL 33483 200 NE 7th Avenue #3 Derray Beach, FL 33483
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)
The name and the Florida street address of the registered agent are: Seffrey D. Levy ES G. Name
her agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I familiar with and accept the obligations of my position as regimered agent as provided for in Chapter 605, F.S Registared Agent's Signature (LEQUIRED)

<u> [itle:</u> AMBR" = Authorized Membe	Name and Address:
MGR" = Manager	Michael Schlesinge/ 200 NE 7th Avenue # 3 Derray Beach, FL 33483
MGR	Carin Sigel 200 NE 7th Avene #3 Derray Beach, FL 33483
	a the date of filing: (OPTIONAL)
V: Effective date, if other that crive date is listed, the date multiling.) The date inserted in this block of the date inserted at the Defective date on the Defective date.	n the date of filing: (OPTIONAL) ust be specific and cannot be more than five business days prior to or 90 loes not meet the applicable statutory filing requirements, this date will not partment of State's records.
EV: Effective date, if other that ctive date is listed, the date many of filing.) the date inserted in this block of ment's effective date on the De EVI: Other provisions, if any.	loes not meet the applicable statutory filing requirements, this date will not
ctive date is listed, the date m f filing.) the date inserted in this block onent's effective date on the De E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature Lam aware tha	loes not meet the applicable statutory filing requirements, this date will not

Filing Fees:
\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)