

2/2/2021

Division of Corporations

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet
L21000038711

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To:

Division of Corporations
 Fax Number : (850)617-6381

From:

Account Name : FELDMAN & ASSOCIATES
 Account Number : I20130000018
 Phone : (305)931-0433
 Fax Number : (866)856-1462

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: paul@feldmanclosings.com

**FLORIDA LIMITED LIABILITY CO.
 QUATTRO 709, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

2/2/2021

Division of Corporations

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

QUATTRO 709, 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:
20000 E Country Club Drive Unit 709	20000 E Country Club Drive Unit 709
Aventura, FL 33180	Aventura, FL 33180

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:

Paul Feldman, Esq.

NEro

2750 NE 185th Street, Suite 203

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

Aventura

FL

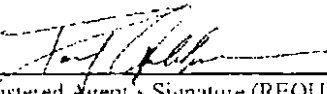
33180

City

State

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 ~~his~~ 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~~ **Chapter** 605, FS



Registered Agent's Signature (REQUIRED)

(CONTINUED)

2/4/21 5:28 PM

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

Name and Address:

"MGR" = Manager

MGR

Leon Harari

20000 E Country Club Drive Unit 709

Aventura, FL 33180

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing _____, (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

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

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.817.155, F.S.

PAUL FELDMAN, ESQ.

Typed or printed name of signer _____

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)

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