# 121000313495

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





700369583497

07/08/21--01004--025 \*\*125.00

2021 JU. -8 FH 3: 1/10/1 JUL -8 NH 8: 32

### CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Brandon Harnick LL	.C		
		<del></del>	<del>-</del>
- <del></del>			
			Art of Inc. File
			LTD Partnership File
			Foreign Corp. File
			L.C. File
			Fictitious Name File
			Trade/Service Mark
			Merger File
			Art. of Amend. File
			RA Resignation
			Dissolution / Withdrawal
			Annual Report / Reinstatement
			Сеп. Сору
			Photo Copy
			Certificate of Good Standing
			Certificate of Status
			Certificate of Fictitious Name
			Corp Record Search
			Officer Search
			Fictitious Search
Signature		<del></del>	Fictitious Owner Search
B			Vehicle Search
		<del></del> _	Driving Record
Requested by: SETH	07/07/21		UCC 1 or 3 File
Name	Date	Time	UCC 11 Search
			UCC 11 Retrieval
Walk-In	Will Pick Up		Courier

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

ARTICLE I - Name:						
The name of the Limited Liabil	ity Company is:					
Brandon Harnick L	LC ntain the words "Limited I	iability Company	"L.L.C." or "LLC.")	<del></del> _		
(Must Cor	Ham the words Emitted	Sidonity Company.	B.d.c. 01 B.d.			
ARTICLE II - Address: The mailing address and street	address of the principal o	ffice of the Limited	l Liability Company is:			
<u>Princi</u>	pal Office Address:		Mailing Address	:		
560 Lincoln Road,	560 Lincoln Road, Suite 204		560 Lincoln Road, Suite 204			
	Miami Beach, Florida 33139		Miami Beach, Florida 33139			
	<u> </u>					
(The Limited Liability Comparanother business entity with an The name and the Florida street	n active Florida registratio	on.)	. ou must designate an marri			
	Lutkoff Law, PLLC					
		Name	<del></del>			
	560 Lincoln Bood S	uito 204				
		560 Lincoln Road, Suite 204 Florida street address (P.O. Box NOT acceptable)				
	Miami Beach	<u>Florida</u>	33139			
	City	State	Zip			
Having been named as registere place designated in this certifica further agree to comply with the am familiar with and accept the	te, I hereby accept the app provisions of all statutes r obligations of my position	pointment as registerelating to the proper as registered agen	red agent and agree to act in t er and complete performance o t as provided for in Chapter 60	his capacity. I of my duties, and i		
		(CONTINUED	)	2021		

## ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: "AMBR" = Authorized Member "MGR" = Manager Brandon Harnick MGR 560 Lincoln Road, Suite 204 Miami Beach, Florida 33139 (Use attachment if necessary) \_. (OPTIONAL) ARTICLE V: Effective date, if other than the date of filing: \_\_\_ (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. The Company shall be Manager-Managed.

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.

Brandon Harnick
Typed or printed name of signee

#### 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)

**REQUIRED SIGNATURE:**