⊙ 05/13/2022 8:02 AM 5/13/22, 10:59 AM

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SEE, FLORIDA

FLORIDA LIMITED LIABILITY CO. 334 NE LLC

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Corporate Filing Menu

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T. BURCH

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ARTICLE I - Name:

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	334	4 NE LLC				
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")						
ARTICLE II - Address	:					
The mailing address and	street address of the pri	incipal office of the	e Limited Liability	Company is:		
Principal Office Addres	<u>ss:</u>	Mailing Addr	ess;			
40 SE 5th Street S	uite 401	40 S	E 5th Street S	uite 401		
Boca Raton, FL 33	oca Raton, FL 33432 Boca Raton, FL 33432		432			
	 				<u> </u>	<u>.</u>
(The Limited Liability Coanother business entity very limited and the Florida Line in	vith an active Florida re	gistration.)		_		, O
,	10 SE 5th Street S	Suite 404			>	` <u></u>
	Florida street address (i		centable)	-		`
	·	-	•			
<u>!</u>	Boca Raton	FL	33432	_		
	City		Zip			
capacity. I further agre	egistered agent and to a in this certificate, I here se to comply with the pro I familiar with and acce	by accept the appo ovisions of all stat	ointment as registere utes relating to the p of my position as re	ed agent and a proper and con	gree to act in nplete perfort	this nance

Page 1 of 2

Yacov Chaimov (CONTINUED)

14154847068

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<u>Title:</u> "AMBR" = Authorized Member	Name and Address:			
"MGR" = Manager AMBR	Yacov Chaimov			
	40 SE 5th Street Suite 401 Boca Raton, FL 33432			
	——————————————————————————————————————			
	ZZ HA			
	ASSE			
				
(Use attachment if necessary)	2: 36			
	of filing: (OPTIONAL) ecific and cannot be more than five business days prior to or 90 days af			
TICLE VI: Other provisions, if any.				
REQUIRED SIGNATURE:	1 /11			
	ed laina			
Signature of a med (In accordance with section of constitutes an affirmation up I am aware that any false in	mber or an authorized representative of a member. 505.0203 (1) (b), Florida Statutes, the execution of this document ander the penalties of perjury that the facts stated herein are true. formation submitted in a document to the Department of State lony as provided for in s.817.155, F.S.)			
Signature of a med (In accordance with section of constitutes an affirmation up I am aware that any false in	mber or an authorized representative of a member. 505.0203 (1) (b), Florida Statutes, the execution of this document of the penalties of perjury that the facts stated herein are true. formation submitted in a document to the Department of State			

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