# L22000254839

(Re	equestor's Name)	<del>-</del>		
(Address)				
(Ad	idress)			
(Ci	ity/State/Zip/Phon	e #)		
PICK-UP	MAIT	MAIL		
(Bt	usiness Entity Na	me)		
(De	ocument Number)	)		
Certified Copies	Certificate	s of Status		
Special Instructions to	Filing Officer:			

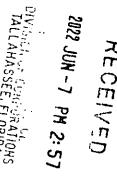
Office Use Only



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2022 JUN - 7 AM II: 49
SECRETARY OF STATE
STATE AHASSEE, FL



# CAPITAL CONNECTION, INC.

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

<del> </del>	<u> </u>			
967 PALAZZO LLC				
	<u> </u>			Art of Inc. File
				LTD Partnership File
				Foreign Corp. File
				L.C. File
				Fictitious Name File
			<del></del>	Trade/Service Mark
			<del></del>	Merger File
				Art. of Amend. File
			<del></del>	RA Resignation
			<del></del>	Dissolution / Withdrawal
				Annual Report / Reinstatement
				Cert. Copy
				Photo Copy
				Certificate of Good Standing
			<u> </u>	Certificate of Status
				Certificate of Fictitious Name
				Corp Record Search
				Officer Search
				Fictitious Search
Signature				Fictitious Owner Search
_				Vehicle Search
				Driving Record
Requested by: SETH	06/07	'		UCC 1 or 3 File
	06/07	<u></u>		UCC   1 Search
Name	Date	Time		UCC 11 Retrieval
Walk-In	Will Pick Up			Courier

#### COVER LETTER

TO:	New Filing Sec Division of Co				
SUBJEC		ZZO LLC			
SUBJEC	-1· <u></u>	Name of	Limited Liab	lity Company	
The encl	osed Articles of	Organization and fee(s	) are submitte	d for filing.	
Please re	eturn all corresp	ondence concerning this	matter to the	following:	
	ALEJANDI	RO A. GERSHANIK			
		<u>.</u>	Name o	f Person	
			Firm/C	ompany	
	3800 NE 16	6th St, Unit 104		, ,	
			Add	lress	
	Miami, FL	33160			
	alegershanik	@gmail.com	City/State a	nd Zip Code	
		E-mail address: (to be u	sed for future	annual report notification	on)
For further	r information co	oncerning this matter, pl	ease call:		
	305	at	572	3646 )	
	Nan	ne of Person	-	Daytime Telephone	<del></del>
Enclosed	l is a check for t	he following amount:			
<b>□\$12</b> 5.	00 Filing Fee	□\$130.00 Filing Fee Certificate of Status	Certi	55.00 Filing Fee & fied Copy nal copy is enclosed)	■\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	New F Divisi P.O. B	ng Address Filing Section on of Corporations fox 6327 assee, F1, 32314		Street Address New Filing Section Division of Corporatio Clifton Building 2661 Executive Cente Tallahassee, FL 3230	r Circle

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

FILED

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The name of the Limited Liability Company is:

2022 JUN -7 AM 11:49

SECRETARY OF STATE

967 PALAZZO LLC

(Must conatin 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:
9595 Collins Ave., Apt 1101	9595 Collins Ave., Apt 1101
Surfside, FL 33154	Surfside, FL 33154
The Limited Liability Company cannot serve as its own R nother business entity with an active Florida registration.	
nomer business energy with an active Florida registration.	)
The name and the Florida street address of the registered a	

	Name	•
9595 Collins Ave., a	Apt 1101	
Florida street addres	ss (P.O. Box <u>NOT</u> ac	cceptable)
C 221	FL.	33154
Surfside	1 12	

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 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 as provided for in Chapter 605, F.S..

Registered Ageny Signature (REQUIRED)

(CONTINUED)

## ARTICLE IV-

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

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGR	ALEJANDRO A. GERSHANIK
MGR	DAVID GERSHANIK  DAVID GERSHANIK  DAVID GERSHANIK
<del></del>	
(Use attachment if necessary)	or of films.
an effective date is listed, the date must be a date of filing.)	te of filing:
RTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	Al
This document is exec I am aware that any fa	member or an authorized representative of a member. cuted in accordance with section 605.0203 (1) (b), Florida Statutes. lse information submitted in a document to the Department of State ree felony as provided for in s.817.155, F.S.
ALIJANDRO	A. GERSHANIK

Typed or printed name of signee

as

### 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)