

L22000469947

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

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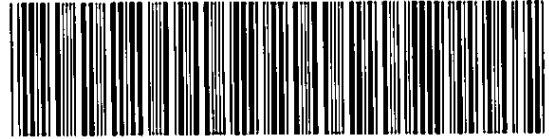
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S. CHATHAM  
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SECRETARY OF STATE  
DIVISION OF CORPORATE AFFAIRS  
22 NOV - 3 PM 7:59

FILED  
2022 NOV - 3 PM 2:05

**COVER LETTER**

**TO: New Filing Section  
Division of Corporations**

**SUBJECT:** 4230 NW 52nd LLC  
Name of Limited Liability Company

The enclosed Articles of Organization and fec(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Joseph A. YOLOFSKY, Esq.  
Name of Person  
YOLOFSKY LAW, P.A.  
Firm/Company  
100 SE 3rd Ave, Suite 1000  
Address  
Fort Lauderdale, FL 33394  
City/State and Zip Code  
ajy@yolofsky.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joseph YOLOFSKY 954 237-4011  
Name of Person at (Area Code) Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**Mailing Address**  
New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**  
New Filing Section Division  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**FLORIDA FILING & SEARCH SERVICES, INC.**

**P.O. BOX 10662 TALLAHASSEE, FL 32302  
155 Office Plaza Dr Ste A Tallahassee FL 32301  
PHONE: (800) 435-9371; FAX: (866) 860-8395**

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**DATE: 11/03/22**

**NAME: 4230 NW 52<sup>ND</sup> LLC**

**TYPE OF FILING: ARTICLES**

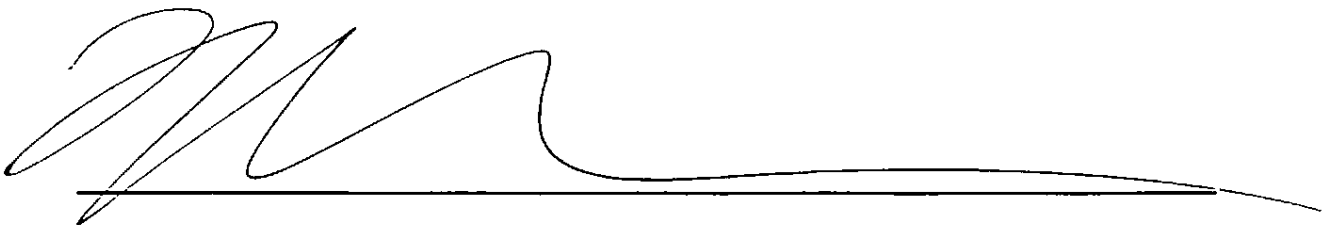
**COST: 125.00**

**RETURN: PLAIN COPY PLEASE**

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**ACCOUNT: FCA000000015**

**AUTHORIZATION: ABBIE/PAUL HODGE**



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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

4230 NW 52nd 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:

4230 NW 52nd St.  
Lauderdale Lakes, FL 33319

Same

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:

Yolofsky Law, P.A.  
Name

100 SE 3rd Ave., Suite 1000  
Florida street address (P.O. Box **NOT** acceptable)

Fort Lauderdale      FL      33394  
City                      State                      Zip

22 NOV - 3 PM 7:59  
SECRETARY OF STATE  
DIVISION OF CORPORATE REGISTRATION

*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.*

DocuSigned by:  
A. J. Yolofsky  
6C9B8DBA616B43D

Registered Agent's Signature (REQUIRED)

(CONTINUED)

**ARTICLE IV-**

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

**Title:**

**Name and Address:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

The Chipre Trust  
511 SW 15th St  
Fort Lauderdale, FL 33315

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DIVISION OF CORPORATIONS  
22 NOV -3 PM 1:59

(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:**

DocuSigned by:  
J. J. Yolofsky  
6C9B8DBA616B43D...

**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.

Joseph Yolofsky as attorney-in-fact

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)