

L23000133417

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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((H230001090903))



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

From: Account Name : FILE RIGHT LLC
Account Number : 120170000091
Phone : (718)878-5811
Fax Number : (718)732-4580

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

Email Address: mendychan1@gmail.com

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FL

2023 MAR 22 AM 1:19

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FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FL

FLORIDA LIMITED LIABILITY CO. 770 KOSHER HOMES LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

Fax Reference: H23000109090 3

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: 770 KOSHER HOMES LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fees(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:

Name of Person: FILE RIGHT LLC
Firm/Company:
Address: 5314 16TH AVENUE SUITE 139
City/State and Zip Code: BROOKLYN, NY 11204
E-mail address: sales@fileacorp.com

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TALLAHASSEE, FL

For further information concerning this matter, please call:

Sara at (718) 878-5811
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- Checked: \$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 of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Fax Reference: H23000109090 3

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

770 KOSHER HOMES 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:

10454 SW 54TH STREET
COOPER CITY, FL 33328

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COOPER CITY, FL 33328

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:

SHMUEL CHANIN

Name

10454 SW 54TH STREET

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

COOPER CITY FL 33328

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 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.

/s/ Shmuel Chanin

Registered Agent's Signature (REQUIRED)

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