

4/9/23, 10:00 PM

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

From: Account Name : BUSINESS ACCOUNTING PROFESSIONALS CORP
Account Number : 120190000020
Phone : (786)953-7449
Fax Number : (786)953-7450

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

Email Address: _____

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CORPORATIONS
COMMERCIAL
SERVICES

FLORIDA LIMITED LIABILITY CO.
551 MCNAB APARTMENTS LLC

| | |
|-----------------------|----------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 01 |
| Estimated Charge | \$125.00 |

M.A.
FALL ASSISTANT
2023 APR 10 AM 5:56

**Articles of Organization
For
Florida Limited Liability Company**

The undersigned company, for the purpose of forming a Florida limited liability company, hereby adopts the following Articles of Organization:

Article I

The name of the limited liability company is:
551 MCNAB APARTMENTS LLC

Article II

The street address of the principal office of the Limited Liability Company is:
**600 S DIXIE HWY W
POMPANO BEACH, FL. 33060**

The mailing address of the Limited Liability Company is:
**600 S DIXIE HWY W
POMPANO BEACH, FL. 33060**

Article III

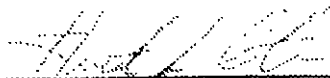
Other provisions, if any:
ANY AND ALL LAWFUL BUSINESS.

Article IV

The name and Florida street address of the registered agent is:
**HECTOR CORTES
600 S DIXIE HWY W
POMPANO BEACH, FL. 33060**

Having been named as a registered agent and to accept service of process of 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.

Registered Agent Signature:



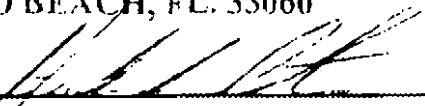
TALLAHASSEE COUNTY

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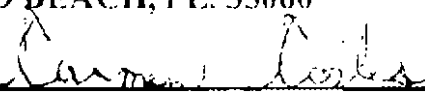
Article V

The name and address of person(s) authorized to manage the LLC:

Title: AMBR
HECTOR CORTES
600 S DIXIE HWY W
POMPANO BEACH, FL. 33060

Signature: 

Title: AMBR
CARMEN CORTES
600 S DIXIE HWY W
POMPANO BEACH, FL. 33060


Signature: 

Article VI

The effective date of this Limited Liability Company Shall be:

04/10/2023

Signature of member or an authorized representative:

Signature: 

I am a member or authorized representative submitting these Articles of organization and affirm that the facts state herein are true. I am aware that false information submitted in document to the Department of State constitutes a third degree felony as provided for S.817.155, F.S. I understand the requirement to file an annual report between January 1 and May 1" in the calendar year following the formation of the LLC and every year thereafter to maintain "active" status.

2023 APR 10 AM 5:56
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