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FLORIDA FILING & SEARCH SERVICES, INC.

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DATE: 4/21/2023

NAME: 15TH STREET DEERFIELD LLC

TYPE OF FILING: ARTICLES

COST: 125.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

TO:	New Filing Section Division of Corporations
SUBJE	15TH STREET DEERFIELD LLC
SOBJE	Name of Limited Liability Company
The end	closed Articles of Organization and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	CELIA V. COLLINS
	Name of Person
	Firm/Company
	2001 NW 15TH AVE., SUITE 103
	Address
	POMPANO BEACH, FLORIDA 33069
	City/State and Zip Code
	CELIAVCOLLINS@GMAIL.COM
	E-mail address: (to be used for future annual report notification)
For furth	er information concerning this matter, please call:
	CELIA V. COLLINS 954 914-5681
	Name of Person Area Code Daytime Telephone Number
Enclose	ed is a check for the following amount:
≡ \$125	6.00 Filing Fee
	Mailing AddressStreet AddressNew Filing SectionNew Filing Section DivisionDivision of CorporationsThe Centre of TallahasseeP.O. Box 63272415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

15TH STREET DEERFIELD 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:

Prin	cina	Office	Address:
1 1 1 1 1 1	L III a	CINC	Muul Caa.

Mailing Address:

2001 NW 15TH AVE., SUITE 103
POMPANO BEACH, FLORIDA 33069

2001 NW 15TH AVE., SUITE 103 POMPANO BEACH, FLORIDA 33069

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:

CEL	LA	V	COL	1.1	NC
CLL	. 1 / 3	٧.	COL	- 1 - 1	

Name

2001 NW 15TH AVE., SUITE 103

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

POMPANO BEACH, FLORIDA 33069
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 is registered agent as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

2023 APR 21 AM 4: 32 SECRETARY OF STATE

ARTICLE IV-

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

"MGR" = Manager MGR VOGEL MANAGEMENT, INC. 2001 NW 15TH AVE., SUITE 103 POMPANO BEACH, FLORIDA 33069 (Use attachment if necessary) LE V: Effective date, if other than the date of filing: (OPTIONAL) feetive date is listed, the date must be specific and cannot be more than five business days prior to or 90 da of filing.) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be imment's effective date on the Department of State's records. E. VI: Other provisions, if any. inted Liability Company shall be Manager-Managed. REQUIRED SIGNATURE Signature of a member or an authory/of 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. KATHLEEN VOGEL Typed or printed name of signee Filing Fees; \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certified Copy (Optional) \$5.00 Certified Copy (Optional)	Title:	Name and Address:	
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