

L23000327217

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H23000238389 3))



H230002383893ABC5

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
2023 JUL -7 PM 3:50

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

From: Account Name : Vcorp SERVICES, LLC
Account Number : 120080080867
Phone : (845)425-0877
Fax Number : (845)818-3588

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

Email Address: _____

7/7/23

FLORIDA LIMITED LIABILITY CO.
402 Carlyle Holding LLC

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

402 Carlyle Holding LLC
(Must end with 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:

<u>Principal Office Address:</u>	<u>Mailing Address:</u>
<u>2201 SW 145th Ave, Suite 201</u>	<u>2201 SW 145th Ave, Suite 201</u>
<u>Miramar, FL 33027</u>	<u>Miramar, FL 33027</u>

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:

<u>Eliyahu Ness</u>		
Name		
<u>2201 SW 145th Ave, Suite 201</u>		
Florida street address (P.O. Box NOT acceptable)		
<u>Miramar</u>	<u>FL</u>	<u>33027</u>
City	State	Zip

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
2023 JUL -7 PM 3:50

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.

Eli Ness
Registered Agent's Signature (REQUIRED)

ARTICLE IV-

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

Title:
"AMBR" = Authorized Member
"MGR" = Manager
AMBR

Name and Address:
AG Revocable Holding LLC
2201 SW 145th Ave, Suite 201
Miramar, FL 33027

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
2023 JUL -7 PM 3:50

(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:

Eli Ness

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.

Eliyahu Ness
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 Certificate of Status (Optional)