

9/6/23, 2:06 PM

Division of Corporations

L23000413829

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.

((H23000311334 3)))



H2300031133434BCU

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

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

From:
Account Name : INTERSTATE FILINGS LLC
Account Number : I20110000086
Phone : (718)569-2703
Fax Number : (718)504-7890

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

Email Address: hazel@interstatefilings.com

RECEIVED
2023 SEP -6 PM 3:14

FLORIDA LIMITED LIABILITY CO. 145Jeffrson423 LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

2022 SEP -6 AM 4:54

ma

(((H23000311334 3)))

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

145Jefferson423 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:

400 South Pointe Drive, Unit 605
Miami Beach, FL 33139

400 South Pointe Drive, Unit 605
Miami Beach, FL 33139

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:

RITTER, ZARETSKY, LIEBER & JAIME, LLP

Name

2300 Biscayne Blvd., Suite 500

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

<u>Miami</u>	<u>FL</u>	<u>33137</u>
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.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

(((H23000311334 3)))

FALL 2022

2022 SEP -6 AM 4:54

{{(H23000311334 3)}}}

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 _____

Alexander Amir Paryiz
400 South Pointe Drive, Unit 605
Miami Beach, FL 33139

MGR _____

Aygun Paryiz
400 South Point Drive, Unit 605
Miami Beach, FL 33139

(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:

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.

Vivian A. Jaime Esq, authorized representative

Typed or printed name of signee

2022 SEP -6 AM 4: 54
ALL AMASSEE
OPIN.

{{(H23000311334 3)}}}