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CAPITAL CONNECTION, INC.

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MISHPAJA 424 LLC	_
Please Debit FCA000000003 For: 125	
Thank you Seth Neeley	
Stall	Art of Inc. File
	LTD Partnership File
•	Foreign Corp. File
	L.C. File
	Fictitious Name File
	Trade/Service Mark
	Merger File
	Art, of Amend, File
	RA Resignation
	Dissolution / Withdrawal
	Annual Report / Reinstatement
	Cert. Copy
	Photo Copy
	Certificate of Good Standing
	Certificate of Status
	Certificate of Fictitious Name
	Corp Record Search
	Officer Search
	Fictitious Search
Signature	Fictitious Owner Search
	Vehicle Search
	Driving Record
Requested by:	UCC 1 or 3 File
Name Date Time	UCC 11 Search
Wells I.	UCC II Retrieval
Walk-In Will Pick Up	Courier

COVER LETTER

	iling Section on of Corporations			
	ISHPAJA 424 LLC			
		Limited Liabil	ity Company	
The enclosed A	rticles of Organization and fee(s) are submitted	for filing.	
Please return al	correspondence concerning this	s matter to the f	following:	
Ala	n Miculitzki			
		Name of	Person	·
		Firm/Co	mnany	
207	25 NE 16th Avenue, Unit A19		puny	
		Addr	ess	
Mia	mi, FL 33179			
alan(இamicu.us	City/State an	d Zip Code	
	E-mail address: (to be u	sed for future a	nnual report notificat	ion)
For further inform	nation concerning this matter, ple	ease call:		
Micl	nelle Parlade Corey Esq.	305	595-2300	
	Name of Person	Area Code	Daytime Telephon	ne Number
Enclosed is a ch	eck for the following amount:			
■\$125.00 Filin	g Fee S130.00 Filing Fee Certificate of Status	Certifie	5.00 Filing Fee & ed Copy al copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section		Street Address New Filing Section Di	ivision
	Division of Corporations P.O. Box 6327	•	The Centre of Tallaha 2415 N. Monroe Stree	essec
	Tallahassee, FL 32314		Tallahassee, FL 3230	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:			
The name of the Limite	d Liability Company is:		
<u>MISH</u> PAJA	424 LLC		
()	dust contain the words "Limit	ed Liability Compan	y, "L.L.C.," or "LLC.")
ARTICLE II - Addres	ss:		
	d street address of the principa	al office of the Limit	ed Liability Company is:
	Principal Office Address:		Mailing Address:
	6th Avenue, Unit A19		725 NE 16th Avenue, Unit A19
Miami, FL.	33179	<u>M</u>	iami, FL 33179
		 _	
ARTICLE III - Regist	ered Agent, Registered Offic	ce, & Registered Ag	ent's Signature:
(The Limited Liability (Company cannot serve as its o	wn Registered Agent	t. You must designate an individual or
another business entity	with an active Florida registra	ation.)	
The name and the Florie	da street address of the registe	red agent are:	
	Parlade Law Firm		
		Name	
	7050 SW 86 Aver	nue	
	Florida street add	ress (P.O. Box <u>NOT</u>	acceptable)
	Miami	FL	33143
	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)

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:	
.MGR	Alan Miculitzki 20725 NE 16th Avenue, Unit A19 Miami, FL 33179	- - -
		- -
		- -
		<u>-</u> -
ective date is listed, the date must lof filing.) The date inserted in this block does ment's effective date on the Departs	e date of filing: January 1, 2024 . (OPTIONAL) be specific and cannot be more than five business days prior to or 96 not meet the applicable statutory filing requirements, this date will no ment of State's records.	
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