

L24000021140

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

From:
Account Name : NEW CORP STARTUP
Account Number : I20200000195
Phone : (305)204-2900
Fax Number : (305)275-1301

****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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**FLORIDA LIMITED LIABILITY CO.
Win Capital Loans LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

(((H24000024640 3)))

ARTICLES OF ORGANIZATION FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Win Capital Loans LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

19150 N Bay Road

Sunny Isles, FL 33160

Mailing Address:

19150 N Bay Road

Sunny Isles, FL 33160

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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.)

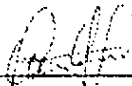
The name and the Florida street address of the registered agent are:

Ulloa and Company Professional Association

14050 SW 84 Street, Suite 104

Miami, FL 33183

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..



01/18/2024
Registered Agent's Signature (REQUIRED)

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ARTICLE IV-

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

Title:

Name and Address:

AMBR

Natali Dadon

19150 N Bay Road

Sunny Isles, FL 33160

AMBR

Shani Ben-izhak

3001 S Ocean Dr. #509

Hollywood, FL 33019

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TALLAHASSEE, FLORIDA
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ARTICLE V: Effective date, if other than the date of filing . . . 01/18/2024

(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.

REQUIRED SIGNATURE:

Natali Dadon 01/18/2024

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.

Natali Dadon

(Typed or printed name of signee)