

L24000012839

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

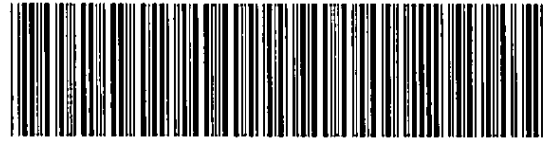
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FL

2024 FEB 12 PM 6:40

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TALLAHASSEE, FL 32310

2024 FEB 12 PM 3:40

RECEIVED

QWIK COURIER

850-284-4584

Customer/Company that placed the order:

Michael SACKS

Contact information: 954-445-2527

PLEASE PROCESS THE FOLLOWING.

PLEASE DO NOT PUT OUR NAME ON COVER LETTER.

PLEASE USE NAME ON THE REQUEST.

PLEASE PUT IN OUR BOX WHEN COMPLETED

CUSTOMER: Michael SACKS

COMPANY: 455 Costa Rica, LLC

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SECRETARY OF STATE
TALLAHASSEE, FL

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THANK YOU!

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: 455 Costa Rica, LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michael J. Sacks
Name of Person
7210 Wisteria Ave.
Firm/Company
Parkland
Address
FL 33076
City/State and Zip Code
msacks@bellsouth.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mike Sacks at (954) 445-2527
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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SECRETARY OF STATE
TALLAHASSEE, FL

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ASS COSTA RICA, 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:

6942 NW 7th Ave.
Miami, FL
33150

Mailing Address:

6942 NW 7th Ave
Miami, FL
33150

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:

Michael J. Sacks

Name

7210 Wisteria Ave

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

Parkland FL 33076

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)

SECRETARY OF STATE
TALLAHASSEE, FL

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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

AMBR

Carolyn Aronson 2022 Irrevocable Trust
6942 NW 7th Ave.
Miami, FL 33150

AMBR

Jeffrey Aronson 2011 Declaration of Trust
6942 NW 7th Ave.
Miami, FL 33076

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: February 8, 2024 (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:

Carolyn Aronson, Trustee

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.

Carolyn Aronson, Trustee
Typed or printed name of signee

2024 FEB 12 PM 6:41
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

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)