

5/1/24, 3:09 PM

L24000196671

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.

((H24000159681 3)))



H240001596813ABC3

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 : BUSINESS FILINGS
Account Number : 105256001620
Phone : (608)827-5300
Fax Number : (608)827-5501

7024... - 1 Fil 4:43

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

Email Address: tatyana@leesburgautoimport.com

FILED
2024 MAY -1 PM 12:45
TALLAHASSEE, FLORIDA

FLORIDA LIMITED LIABILITY CO.
410 NW 52 LLC

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

Electronic Filing Menu

Corporate Filing Menu

Help

FAX AUDIT # H24000159681 3

FILED

2024 MAY -1 PM 12: 45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION
OF
410 NW 52 LLC**

ARTICLE I NAME

The name of the limited liability company is: 410 NW 52 LLC

ARTICLE II ADDRESS

The principal place of business and mailing address of this Limited Liability Company shall be: 17201 Collins Ave 1206, Sunny Isles, Florida 33160.

ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the registered agent are: Business Filings Incorporated, 1200 South Pine Island Road, Plantation, Florida 33324. Located in the County of Broward.

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.



Signature: _____
Chris Das, AVP, *Business Filings Incorporated*

Date: *April 30, 2024*

ARTICLE IV MEMBERS

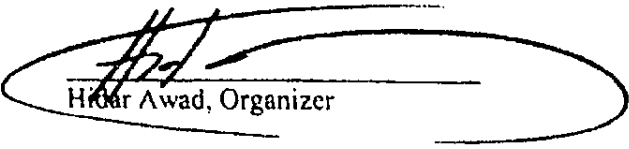
The management of the limited liability company is reserved for the members and the name and address of the member of the Limited Liability Company is: Hidar Awad, 17201 Collins Ave 1206, Sunny Isles, Florida 33160

FAX AUDIT # H24000159681 3

FAX AUDIT # H24000159681 3

ARTICLE V DURATION

The duration for the limited liability company shall be: Perpetual.



Hagar Awad, Organizer

Date: 5/1/2024

Authorized Representative

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

FILED
 2024 MAY -1 PM 12:45
 TALLAHASSEE, FLORIDA

FAX AUDIT # H24000159681 3