L25000244620

FL
6525

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

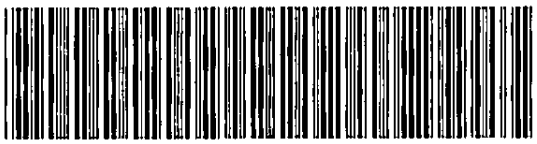
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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2025 JUN -4 PM 4:16

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

Please use funds from the account:: I20210000160: $125.00
Authorized Signature
4800 NE 2nd Ave LLC
Business Name #Document

Walk in ____ Will wait

____ Certified Copy of the Articles

____ Certificate of Status

NEW FILINGS
____ Profit
___ Not for Profit
_X_ LLC
____ Domestication
_ __ INC
__ CORP
___ PLLC
____ GP

AMENDMENTS
____ Amendment
____ Resignation of Member/MGR
____ Resignation of Registered Agent
____ Revocation of Dissolution
___ _ Conversion
__ __ Statement of Correction
____ Merger
____ DISSOLUTION

OTHER FILINGS

____ TRANSMITTAL LETTER

____ Fictitious Name -

_____ Statement of Authority
business

____ APOSTIL ___
COUNTRY

EXAMINER'S INITIALS:_____

REGISTRATION/QUALIFICATIONS

___ Foreign Filing
____ Partnership
____ Reinstatement
____ Articles of CORRECTION
___ Withdraw of Certificate of Authority
____ TRADEMARK
____ Domestication

_____ ____ Other

COVER LETTER

TO: **New Filing Section**
Division of Corporations

SUBJECT: 4800 NE 2nd Ave 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:

DAVID C. SYLVESTRE WILLIAMS
Name of Person

Firm/Company

4810 NE 2ND AVE
Address

MIAMI, FL 33137
City/State and Zip Code

david@davidsw.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DAVID C. SYLVESTRE WILLI at (407) 460-2259
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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

4800 NE 2nd Ave 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:**
4800 NE 2ND AVE MIAMI, FL 33137	4800 NE 2ND AVE MIAMI, FL 33137

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:

DAVID C. SYLVESTRE WILLIAMS
Name

4800 NE 2ND AVE
Florida street address (P.O. Box **NOT** acceptable)

MIAMI,	FL	33137
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..

Signed by:
DAVID C. SYLVESTRE WILLIAMS
E358B9F45E204A2...
Registered Agent's Signature (REQUIRED)

(CONTINUED)

60-09

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	
AMBR	DAVID C. SYLVESTRE WILLIAMS 4800 NE 2ND AVE MIAMI, FL 33137

(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:

Signed by:
DAVID C. SYLVESTRE WILLIAMS
E950B9F45E2B4A2...

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.

DAVID C. SYLVESTRE WILLIAMS
Typed or printed name of signee

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)