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(Requestor's Name)				
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PICK-UP	☐ WAIT	MAIL		
(D::	ain and Entite Name			
(Bu	siness Entity Nar	пе)		
(Do	cument Number)			
Certified Copies	Certificates	of Status		
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Special Instructions to	Filing Officer:			
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Office Use Only



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TRANSMITTAL LETTER

TO:

Registration Section

Registration Section Division of Corporations

409 E. Gaines Street

Tallahassee, Florida 32399

Division of Cor	porations				
SUBJECT: SILV	IER & SPECTOR	BROTHERS, L	LC_		
	(Name of Limited	Liability Company)			
The enclosed Articles of	Organization and fee(s) are su	ibmitted for filing.			
Please return all correspo	Please return all correspondence concerning this matter to the following:				
JONATHAN L. SPECTOR					
	(7)	lame of Person)			
SILVER & SPECTOR BROTHERS, LLC					
(Firm/Company)					
1370 WASHINGTON AUE, SUITE 31Z					
		(Address)			
MIAMI BEACH, FL 33139					
(City/State and Zip Code)					
For further information concerning this matter, please call:					
TOWATHAN SPECTOR at (786) ZG4-(0Z8 (Name of Person) (Area Code & Daytime Telephone Number)					
(Name	of Person)	(Area Code & Daytime To	elephone Number)		
Enclosed is a check for the following amount:					
(9 \$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)		
STRE	ET ADDRESS:	MAILING A	DDRESS:		

Registration Section

P.O. Box 6327

Division of Corporations

Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
SILVER & SPECTOR BROTHERS, LLC		
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Co	mpany	is:
Principal Office Address: Mailing Address:		
1370 WASHINGTON AVE #312 (SAME) MIAMI BEACH, FL 33139	ble ·	
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signatur	- 'e:	
The name and the Florida street address of the registered agent are:		P#2
ELLIOT SILVER	ر ا	SEC
)5 JUL 25	200 E
1370 WASHINGTON AUE, SNITE 312 Florida street address (P.O. Box NOT acceptable)		COY
Florida street address (P.O. Box NOT acceptable)	E	공무(유유)
MIAMI BEACH FL 33139 City, State, and Zip	<u></u>	ATIO
Having been named as registered agent and to accept service of process for the above state liability company at the place designated in this certificate, I hereby accept the appointness registered agent and agree to act in this capacity. I further agree to comply with the provist statutes relating to the proper and complete performance of my duties, and I am familiar	ed limit nent as tions of	t fall

accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

(CONTINUED)

Registered Agent's Signature

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

•		
Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:	·
WIGKWI - Wanaging Member		,
MGR	ELLIOT SILVER 1370 WASHINGTON AVE, Ship	re 312
	MIAMI BEACH, FL 33139	
MG-R	JONATHAN SPECTOR 1370 WASHINGTON AVE, SHIP	£ 312
	MIAMI BRACH, FL \$3139	
-		· _ ^- ** -
(Use attachment if necessary)		
NOTE: An additional article must	be added if an effective date is requested.	9 %.
REQUIRED SIGNATURE:		S JU
latt	4	SECRETARY OF CORP
Signature of a member	r or an authorized representative of a member.	ST OR
(In accordance with sec	ction 608.408(3), Florida Statutes, the execution itutes an affirmation under the penalties of perjury	FD STATE OR
JONATH	AN L. SPECTOR	
Ty	ped 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)