# 120000197835

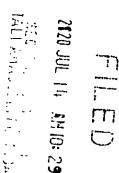
(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cid	ty/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

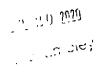
Office Use Only



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## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

1370 South Venetia	n LLC		
	<del></del>		
			Art of Inc. File
			LTD Partnership File
		} -	Foreign Corp. File
			L.C. File
		.	Fictitious Name File
			Trade/Service Mark
			Merger File
			Art, of Amend, File
			RA Resignation
			Dissolution / Withdrawal
			Annual Report / Reinstatement
			Cert. Copy
			Photo Copy
			Certificate of Good Standing
			Certificate of Status
			Certificate of Fictitious Name
			Corp Record Search
			Officer Search
			Fictitious Search
Signature			Fictitious Owner Search
oig			Vehicle Search
			Driving Record
Requested by: SETH	07/12/20		UCC 1 or 3 File
	$\frac{07/13/20}{2}$	Time	UCC 11 Search
Name	Date	Time	UCC 11 Retrieval
Walk-In	Will Pick Up		Courier

### COVER LETTER

	1370 South Venet	ian LLC			
SUBJECT			imited Liabili	tu Company	
		Name of L	iniited Ciaotii	ty Company	
The enclose	ed Articles of Organi	zation and fee(s)	are submitted	for filing.	
Please retur	n all correspondence	e concerning this i	natter to the fi	ollowing:	
	Eric J. Grabois, Esq				
			Name of	Person	
	Eric J. Grabois, P.L.				
			Firm/Co	mpany	
	1666 79 ST Causev	ray, Suite 500			
			Addre	255	
	North Bay Village,	F1. 33141			
	Com io a @ orah o io la com		City/State and	d Zip Code	
-	Service@graboislaw		ad for future o	nnual report notificati	iou)
				инал героп пописан	(in)
For further in	iformation concernit	ig this matter, plea	ase call:		
	Eric Grabois	al (	305	891-2029 .)	
	Name of Pe	rson	Area Code	Daytime Telephon	e Number
Enclosed is	a check for the follo	owing amount:			
■\$125.00	Filing Fee	30.00 Filing Fee lificate of Status	Certifi	5.00 Filing Fee & ed Copy al copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclose
	Mailing Add			Street Address	
	New Filing So Division of C		New Filing Section Division The Centre of Tallahassee		
	P.O. Box 632			2415 N. Monroe Stre	
	Tallahassee,	EL 32314		Tallahassee, FL 3230	13

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

1370 South Venetian LLC	
(Must contain the words "Limited Liabi	lity Company, "L.L.C.," or "LLC.")
ICLE II - Address: nailing address and street address of the principal office	of the Limited Liability Company is:  Mailing Address:
Principal Office Address:	Marinig Additess.
170 SE 14th Street	170 SE 14th Street

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

Pascal Nicolai		
	Name	
170 SE 14th ST, Sui	te 1002	
Florida street addre	ss (P.O. Box <u>NOT</u> ac	cceptable)
Miami	FL	33131
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)

2420 JUL 114 AH 10: 29

### ARTICLE IV-

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

Title: "AMBR" = Authorized	Name and Address;
"MGR" = Manager	Wellioei
MGR	Pascal Nicolai 170 SE 14th ST. Suite 1002 Miami, FL 33131
(Use attachment if neces	•
If an effective date is listed, the the date of filing.) <u>Note:</u> If the date inserted in this	her than the date of filing:
ARTICLE VI: Other provisions,	fany.
REQUIRED SIGNAT	URE:
This do t am aw	guature of a member or an authorized representative of a member, cument is executed in accordance with section 605.0203 (1) (b), Florida Statutes, are that any false information submitted in a document to the Department of State tes a third degree felony as provided for in s.817.155, F.S.
<u> 1</u>	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)