

2/2/2021

Division of Corporations

Florida Department of State  
 Division of Corporations  
 Electronic Filing Cover Sheet  
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To:

Division of Corporations  
 Fax Number : (850)617-6381

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Account Name : FELDMAN & ASSOCIATES  
 Account Number : I20130000018  
 Phone : (305)931-0433  
 Fax Number : (866)856-1462

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

Email Address: paul@feldmanclosings.com

**FLORIDA LIMITED LIABILITY CO.  
 QUATTRO 709, LLC**

|                       |          |
|-----------------------|----------|
| Certificate of Status | 0        |
| Certified Copy        | 0        |
| Page Count            | 01       |
| Estimated Charge      | \$125.00 |

2/2/2021

Division of Corporations

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

QUATTRO 709, 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:                    |
|-------------------------------------|-------------------------------------|
| 20000 E Country Club Drive Unit 709 | 20000 E Country Club Drive Unit 709 |
| Aventura, FL 33180                  | Aventura, FL 33180                  |

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:

Paul Feldman, Esq.

NE ro

2750 NE 185th Street, Suite 203

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

Aventura

FL

33180

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 ~~his~~ 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~~ **Chapter** 605, FS



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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