

L22 000320506

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

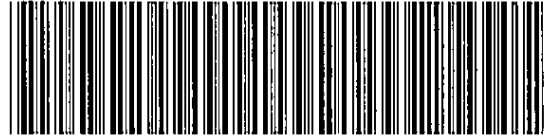
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800389968098

S. CHATHAM
JUL 21 2022

RECEIVED
2022 JUL 19 PM 3:51
ATTORNEY GENERAL

22 JUL 21 PM 7:55

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

Please sue funds from the account: 120210000160, AMOUNT: \$130.00

Authorized Signature: [Signature]

AS TOREN MANAGER LLC

Business

Document #

___ Walk in

___ Pick up time

___ Mail out

___ Will wait

___ Photocopy

___ Certified Copy of Articles of Organization

X Certificate of Status

NEW FILINGS

___ Profit

___ Not for Profit

X Limited Liability

___ Domestication

___ Other

___ CORP

OTHER FILINGS

___ Annual Report

___ Fictitious Name

___ APOSTILLE ()

Country

EXAMINER'S INITIALS: _____

AMMENDMENTS

___ Amendment

___ Resignation of R.A. Officer/Director

___ Change of Registered Agent

___ Dissolution/Withdrawal

___ Merger

___ Conversion

___ Revocation

REGISTRATION/QUALIFICATIONS

___ Foreign filing

___ Limited Partnership

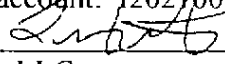
___ Reinstatement

___ Other

22 JUL 21 PM 7:55

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

Please sue funds from the account: 1202100000160, AMOUNT: \$130.00

Authorized Signature: 

AS TOREN MANAGER LLC

Business

Document #

___ Walk in

___ Pick up time ___

___ Mail out

___ Will wait

___ Photocopy

___ **Certified Copy of Articles of Organization**

X **Certificate of Status**

NEW FILINGS

___ Profit

___ Not for Profit

X **Limited Liability**

___ Domestication

___ Other

___ **CORP**

OTHER FILINGS

___ Annual Report

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___ **Revocation**

REGISTRATION/QUALIFICATIONS

___ Foreign filing

___ Limited Partnership

___ Reinstatement

___ Other

22 JUL 21 PM 7:55



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 20, 2022

FLORIDA CAPITAL COURIER SERVICES, INC.

SUBJECT: AS TOREN MANAGER LLC
Ref. Number: W22000094873

We have received your document for and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

If you have any further questions concerning your document, please call (850) 245-6052.

Summer Chatham
Regulatory Specialist II
New Filing Section

Letter Number: 522A00016128

RECEIVED
2022 JUL 21 AM 9:29
ALLAHASSEY, FLOR.

COVER LETTER

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

SUBJECT: AS TOREN MANAGER, 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:

Jonathan K. Winer, Esq.

Name of Person

Fuse Group Investment Companies

Firm/Company

900 NW 6th Street, Suite 201

Address

Fort Lauderdale, FL 33311

City/State and Zip Code

jonathan@fusegroupco.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jonathan K. Winer, Esq.

954

687-9448

at (_____) _____

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

22 JUL 21 PM 7:55

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

AS TOREN MANAGER, 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:

900 NW 6th Street, Suite 201
Fort Lauderdale, FL 33311

Mailing Address:

900 NW 6th Street, Suite 201
Fort Lauderdale, FL 33311

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:

Jonathan K. Winer, Esq.

Name

900 NW 6th Street, Suite 201

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

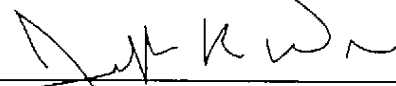
Fort Lauderdale FL 33311

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)

22 JUL 21 PM 7:55

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

AMBR

Shimon Elkabetz
900 NW 6th Street, Suite 201
Fort Lauderdale, FL 33311

(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:

X

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.

Shimon Elkabetz

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)

22 JUL 21 PM 7:55