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(F	Requestor's Name)	
	Address)	
,	,	
<i>(</i> /	Address)	
((	City/State/Zip/Phone #)	<del></del>
PICK-UP	WAIT	MAIL
(E	Business Entity Name)	
3)	Document Number)	
Certified Copies	Certificales of	Status
Special Instructions to F	iling Officer:	<del></del>
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Office Use Only



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## **CORPORATE** ACCESS, \_\_\_\_

When you need ACCESS to the world

` INC.

6.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

### **WALK IN**

	1	PICK UP:	MISTY 7/10
X	CERTIFIED COP	Υ	
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X	X FILING	LLC	
1.	EDG ATLANTA PI	ROMOTABLE	EQUITY, LLC
2.			
	(CORPORATE NAME AND I	OOCUMENT #)	
3.	(CORPORATE NAME AND I	DOCUMENT #)	
4.			
=	(CORPORATE NAME AND I	OOCUMENT #)	
5.	(CORPORATE NAME AND I	DOCUMENT #)	
6.	(CORPORATE NAME AND I	OOCUMENT #)	
SPECI INSTR			

#### **COVER LETTER**

	New Filing Se Division of Co				
SUBJEC	EDG Atla	nta Promotable Equi	ty, LLC		
00.00.0		Name	of Limited Liab	oility Company	
The enclo	osed Articles of	Organization and fe	ec(s) are submitt	ed for filing.	
Please ret	urn all corresp	ondence concerning	this matter to the	e following:	
	Noel Epelbo	oim			
	•		Name	of Person	
	Epclboim D	evelopment Group I	-LC		
		-	Firm/0	Company	<del></del>
	20900 NE 3	0th Avenue, Suite 4	14		
			Ad	dress	
	Aventura, F	L 33180			
	noel@epelbo	im com	City/State	and Zip Code	
			e used for future	annual report notificat	ion)
For further	information co	ncerning this matter	, please call:		
	Noel Epclbo	im	954 _at (	448-0401	
	Nam	e of Person		Daytime Telephon	ne Number
Enclosed i	is a check for t	he following amount	:		
	0 Filing Fee	□\$130.00 Filing Certificate of Sta	Fee & □\$1 tus Certi	55.00 Filing Fee & fied Copy nal copy is enclosed)	☐S160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	New F Divisio P.O. B	g Address iling Section on of Corporations ox 6327 assee, FL 32314		Street Address New Filing Section D The Centre of Tallaha 2415 N. Monroe Stre Tallahassee, FL 3230	assee et, Suite 810

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	table Equity, LLC		
(Must cont	tain the words "Limited	Liability Company,	, "L.L.C" or "LLC.")
ARTICLE II - Address: The mailing address and street a	ddress of the principal c	office of the Limited	d Liability Company is:
Princip	al Office Address:		Mailing Address:
20900 NE 30th Aver	nue, Suite 414_	209	000 NE 30th Avenue, Suite 414
Aventura, FL 33180	)		entura, FL 33180
		<del>-</del>	
ine name and the Florida street.			
	Epelboim Developm	·	
	Epelboim Developm	Name Nuc, Suite 414	
	Epelboim Developm	Name Nuc, Suite 414	acceptable)
	Epelboim Developm	nent Group LLC Name nue, Suite 414 is (P.O. Box <u>NOT</u> a	acceptable)
	Epelboim Developm 20900 NE 30th Aver Florida street addres	nent Group LLC Name nue, Suite 414 is (P.O. Box <u>NOT</u> a	zip

(CONTINUED)

2023 3. 1. FERD: 40

#### 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		
•		
MGR	Epelboim Development Group LLC	
	20900 NE 30th Avenue, Suite 414 Aventura, FL 33180	
	711-711-11-11-11-11-11-11-11-11-11-11-11	
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(Use attachment if necessary)		
cument's effective date on the Department of CLE VI: Other provisions, if any.	neet the applicable statutory filing requirements, this date will not be of State's records.	oc iist
<del>-</del>		
REOUIRED SIGNATURE:	#	
No	rella in the second	
	mber of an authorized representative of a member.	
This document is execut-	ed in accordance with section 605.0203 (1) (b), Florida Statutes.	
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i am aware inat any false	information submitted in a document to the Department of State	
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constitutes a third degree  Noct Epctboim  \$125.00 Filing Fee for Articles of Org	Typed or printed name of signee	
constitutes a third degree  Noel Epelboim	Typed or printed name of signee  Filing Fees: ganization and Designation of Registered Agent	202