L02000016974 600 Parkview Dr. #1010

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

Hullandale Fla 33009

- Total (S), (II known):	
1. 725NE TH STREET HALLANDALE INN (Corporation Name) (Document #)	
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Walk in ☐ Pick up time ☐ Certified Copy Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of S	
NEW FILINGS AMENDMENTS	M7/8
Not for Profit Limited Liability Domestication Other Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal	DIVISION OF CO
Annual Report Foreign Limited Partnership Reinstatement Trademark Other	ARY OF STATE CORPORATIONS

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		a.
*	-	
725 NE THE STREET HALLANDALE INN ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Com	nanu í	
600 PARKWIEW DR. HALLANYALE FL. 33	300	9
ام مرازي ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:	~ 	1010
The name and the Florida street address of the registered agent are:		
MORDIS FEFER		
GOO PALKINEW DR. HALLAWIPLE FO	۲,	
Plorids street address (P.O. Box NOT acceptable) HALLANY DE FL 33 009 City, State, and Zip		
Having been named as registered agent and to accept service of process for the above stated liability company at the place designated in this certificate, I hereby accept the appointment registered agent and agree to act in this capacity. I further agree to comply with the provision statutes relating to the proper and complete performance of my duties, and I am familiar with accept the abligations of my position as registered agent as provided for in Chapter 608, F.S.	as ons of h and	
4 MM		
Ragistered Agent's Signature		
Article IV - Management (Check box if applicable.) The Limited Liability Company is to be managed by one manager or more managers at therefore, a manager - managed company.		DIVISION
NA		
(An additional article must be added if an offective date is requested)		
Signature of a member or an authorized representative of a member.	AM IO:	STA
(In accordance with section (02.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the parables of perjury that the facts stated herein are true.)	36	TIONS
Typed or printed name of signed		
Filing Face: \$190.00 Filing Fee for Articles of Organization \$ 25.00 Designation of Registered Agent \$ 30.00 Cartified Copy (Optional)		