

LO3 0000 14297

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

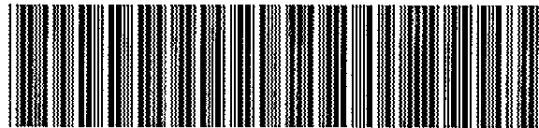
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DIVISION OF CORPORATION
STATE OF FLORIDA

LO3-14297
OK

CAPITAL CONNECTION, INC.

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

Feldnic Estates 2359, LLC

Signature _____

Requested by: RW 4/22

Name _____ Date _____ Time _____

Walk-In _____ Will Pick Up _____

- _____ 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 _____
- _____ Fictitious Owner Search _____
- _____ Vehicle Search _____
- _____ Driving Record _____
- _____ UCC 1 or 3 File _____
- _____ UCC 11 Search _____
- _____ UCC 11 Retrieval _____
- _____ Courier _____

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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

The undersigned, being authorized to execute and file these Articles of Organization hereby certifies that:

ARTICLE I - Name:

The name of the Limited Liability Company is:
FELDNIC ESTATES 2359,LLC.

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is: C/O 1573 NE 194TH ST
NORTH MIAMI BEACH,FL 33179

ARTICLE III - Duration:

The period of duration for the Limited Liability Company shall be
Perpetual

ARTICLE IV - Management:

(check and complete the appropriate statement)

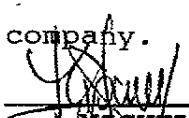
The Limited Liability Company is to be managed by managers the names and addresses of such managers are to serve as managers are

MIGUEL SADOVNIC
1573 NE 194TH ST
North Miami Beach,Fla. 33179

JACOBO ESSENFELD
1573 NE 194TH ST
North Miami Beach,Fla. 33180

and is, therefore, a manager-managed company.


JACOBO ESSENFELD


MIGUEL SADOVNIC

Signature of a member or authorized member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

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CLERK OF DISTRICT COURT
MIAMI, FLORIDA

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. the name of the limited liability company is:

FELDNIC ESTATES 2359,LLC.

2. The name and address of the registered agent and office

Marc Hauser, Esq.

(Name)

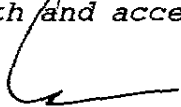
1111 Kane Concourse (#616)

Bay Harbor Islands, Florida 33154

(City/State/Zip)

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CLERK OF STATE
TALLAHASSEE, FLORIDA

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.



Marc Hauser, Esq.
(Signature)

04/18/03

(Date)

Filing Fee: \$35 for Designation of Registered Agent

#IC:FELDNIC,LLC