

L04000008429

(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



300027437603

01/23/04--01044--015 **125.00

LC 01/30/04

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 JAN 23 PM 3:35

up

**Department of State
Division of Corporations
Corporate Filings
PO Box 6327
Tallahassee, FL 32414**

RE: 439 15th St, LLC

Dear Sir/Madam:

Enclosed is a filing for a new limited liability company and payment of \$125.00.

Very truly yours,



Madison Karlock

**PO Box 190651
Miami Beach, FL 33119**

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 JAN 23 PM 3:35**

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

ARTICLE 1 – Name

The name of the Limited Liability Company is:

439 15th St., LLC

ARTICLE 2 – Address

The mailing address and street address of the principal office of the Limited Liability Company is:

**995 N. Venetian Dr.
Miami, FL 33119**

ARTICLE 3 – Registered Agent, Registered Office & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

**Madison Karlock
995 N. Venetian Dr.
Miami Beach, FL 33139**

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 am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.



**Registered Agent's Signature
Madison Karlock**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 JAN 23 PM 3:35

ARTICLE 4 – Manager or Managing Member

The name and address of each Manager or Managing Member is as follows:

Title:

Name and Address:

“MGRM” = Managing Member

MGRM

**Madison Karlock
995 N. Venetian Dr.
Miami Beach, FL 33139**

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member
(in accordance with section 608.408(3), Florida Statutes, the execution of this
document constitutes an affirmation under penalties of perjury that the facts
stated herein are true.)

Signee: Madison Karlock

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 JAN 23 PM 3:36