

L05000007161

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

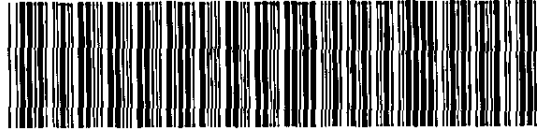
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05 JAN 24 PM 10:08  
TALLAHASSEE, FLORIDA  
DIVISION OF CORPORATIONS  
FILE

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05 JAN 24 PM 2:37  
TALLAHASSEE, FLORIDA  
STATE

Charter Number Only

1/21

Melnick Lilienfeld & Assoc.

Requestor's Name

2070 NE 215 Street

Address

MIAMI FL 33180

City

State

ZIP

Phone

937-10406

CORPORATION(S) NAME

VALIDATION ONLY

FBI  
05 JAN 24 PM 2:37  
STATE  
TALLAHASSEE, FLORIDA

935 Realty, LLC

☐ Profit

☐ NonProfit

☐ Amendment

☐ Merger

☐ Foreign

☐ Dissolution

☐ Mark

☐ Limited Partnership

☐ Annual Report

☒ Other

☐ Reinstatement

☐ Reservation

☐ Change of Registered Agent

☐ Certified Copy

☐ Photo Copies

☐ Certificate Under Seal

☒ Call When Ready

☐ Call If Problem

☐ After 4:30

☒ Walk In

☐ Will Wait

☒ Pick Up

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Availability

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Examiner

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Empire Toll Free: 1-800-432-3028

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name:**

The name of the Limited Liability Company is:

935 Realty, LLC**ARTICLE II - Address:**

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

**Principal Office Address:**19578 Havensway Court  
Boca Raton, FL 33498**Mailing Address:**19578 Havensway Court  
Boca Raton, FL 33498**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

Ami Ezyoni  
Name19578 Havensway Court  
Florida street address (P.O. Box **NOT** acceptable)  
Boca Raton FL 33498  
City, State, and 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 608, F.S..*

✓ [Signature]  
Registered Agent's Signature

(CONTINUED)

**ARTICLE IV- Manager(s) or Managing Member(s):**

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

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

MGR

MGRM

**Name and Address:**

MGR Amit Ezyoni  
19570 Havensway Court  
Boca Raton, FL 33498

MGRM Yeela Haqqai  
19570 Havensway Court  
Boca Raton, FL 33498

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

**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 the penalties of perjury that the facts stated herein are true.)

Amit Ezyoni

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)