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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(But	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to I	Filing Officer:	
	Office Han On	t



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COVER LETTER

-	TO:	Registration Sec Division of Cor					
	SUBJE	CT: <u>FLOR</u>	(Name of L	PERTY Limited Liabili	SOCUTI	ous, cc	<u>.</u>
	The end	closed Articles of	Organization and fee(s)	are submitted	I for filing.		
	Please	return all correspo	ondence concerning this	matter to the	following:		
	·**	JAMES	AR	(Name of	Person)		
=	-·· •			(Firm/Co	mpany)		
= -		2507	EAGLE	WA3	rck CN (ess)	 	8 T
		WESTO	sw, FC	333 (City/State and	d Zip Code)		20 P
	For fur	ther information o	concerning this matter, p	olease call:			L. 23
	JAn	Name	of Person)	at ((Area Code & Daytime	7-6692 Telephone Number)	<u>*</u>
	Enclos	ed is a check for	r the following amour	nt:			
	□ \$125	.00 Filing Fee	\$130.00 Filing For Certificate of Status	Certi	155.00 Filing Fee & fied Copy ional copy is enclosed)	\$160.00 Fili Certificate of S Certified Copy (additional copy is	tatus &
5 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			Mailing Address Registration Section Division of Corporati P.O. Box 6327 Tallahassee, FL 3231		Street/Courier Addre Registration Section Division of Corporati Clifton Building 2661 Executive Center Tallahassee, FL 3230	ons er Circle	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:
FY OR IDA PROPERTY SOLUTIONS (LLC.) (Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "Lich" or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address: Mailing Address:
WESTEN, FL 33327
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)
The name and the Florida street address of the registered agent are: BERNARD FINISTEIN ESB
BERNARD EINSTEIN, ESQ. BASS
801 NE 167 TH STREET 2ND FL. Florida street address (P.O. Box NOT acceptable)
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

(CONTINUED)
Page 1 of 2

Registered Agent's Signature (REQUIRED)

BERNARD EINSTEIN ESQUIRE 801 N.E. 167TH STREET - 2ND FLOOR NORTH MIAMI BEACH, FL 33162

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MAR	TALLES A FIRISCHMAN 2507 EAGLE WATCH W WESTON, FL 33327
_	
(Use attachment if necessary)	
LE V: Effective date, if other than	the date of filing: (OPTIONAL) st be specific and cannot be more than five business days pr
LE V: Effective date, if other than flective date is listed, the date must	st be specific and cannot be more than five business days pr
LE V: Effective date, if other than ffective date is listed, the date must days after the date of filing.) REQUIRED SIGNATURE:	the date of filing: st be specific and cannot be more than five business days property and cannot be more than five business days are cannot be more than five business days and cannot be more than five business days are cannot be considered by the cannot be considered

Ding Fees:

\$125.08 Filling Fee for Articles of Organization and Designation of Registered Agent
\$ 38.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

Typed or printed name of signee