Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number

: (850)205-0383

From:

Account Name

: BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.

Account Number : 075350000353

Phone

(212) 431-5000

Fax Number

: (212)431-1441

FLORIDA/FOREIGN LIMITED LIABII

MACHER VENTURES LLC

Certificate of Status	0
Certified Copy	0
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	ARTICLE I - Name: The name of the Limited Liabilit	ty Company is:			
	Macher Ventures LLC (Must end with the words "Limited Liability	y Company, "Limited Company" or their abbreviation "LLC," or "	"L.C.,")		
ia) gaja (skura, (skura skura). Galicas (filosofieskura).	ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:				
	Principal Office Address:	Mailing Address:	सर्वात्युर्वास्तुर्वास्तु		
to promoter grading of a second secon	9601 Collina Avenue #508 Bal Harbour, FL 33154		ALCONOMICAL AND ALCONOMICAL AN		
	ARTICLE III - Registered Age (The Limited Liability Company cannot sor business entity with an active Florida regis	ent, Registered Office, & Registered Agent's Sig- ve as its own Registered Agent. You must designate an individual stration.)	mature: SA S		
	The name and the Florida street a	address of the registered agent are: Asher Milstein	AM 9: 43 OF STATE FLORIDA		
		Name			
	960	01 Collins Avenue, #508 Florida street address (P.O. Box NOT acceptable)			
	Rel Hart	nour 🖙 33154			

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..

> Registered Agent's Signature (REQUIRED) Asher Milatein

City, State, and Zip

(CONTINUED) Page 1 of 2

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	<u>Title:</u> "MGR" = Manager "MGRM" = Managing Membe	Name and Address:	
	MGR	Asher Milstein 9601 Collins Avenue, #508 Bal Harbour, FL 33154	*****
			07 MAR
Electric Control	ومادون والمعادي	er en	AR 29 CRETAF LAHASS
	and the second of the second o		BY OF STATE
(If an e	(Use attachment if necessary) CLE V: Effective date, if other the effective date is listed, the date is days after the date of filing.)	nan the date of filing: (Connect that five bus	PITIONAL) iness days prior
	REQUIRED SIGNATURE:		
	Signature of a	member or an authorized representative of a member.	
•	of this docume	with section 608.408(3), Florida Statutes, the execution on constitutes an affirmation under the penalties of perjury stated herein are true.)	
		Asher Milstein	
		Typed or printed name of signee	
	Filing Fees:		
	\$125.00 Filing Fee for Articles of Registered Agent \$ 30.00 Certified Copy (Option \$ 5.00 Certificate of Status (C	of Organization and Designation nal) Optional)	

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