

L100000/1555

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

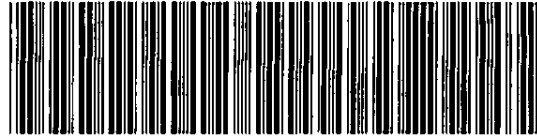
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700166345897

01/19/10--01028--018 #160.00

FILED
10 FEB -1 AM 8:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

WJ-2897
J. BRYAN

FEB -2 2009

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SALVATION 1612 LLC.
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ALEX ZARFATI

Name of Person

Firm/Company

3666 NE 167TH ST.

Address

NORTH MIAMI BEACH, FL. 33160

City/State and Zip Code

MPSV1@BELLSOUTH.NET

E-mail address: (to be used for future annual report notification)

10 FEB - 1 AM 8:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

For further information concerning this matter, please call:

ALEX ZARFATI

Name of Person

at (**305**) **525-8648**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☒ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 20, 2010

ALEX ZARFATI
3666 NE 167TH ST.
NORTH MIAMI BEACH, FL 33160

SUBJECT: SALVATION 1612 LLC
Ref. Number: W10000002897

FILED
10 FEB - 1 AM 8:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for SALVATION 1612 LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan
Regulatory Specialist II

Letter Number: 510A00001596

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SALVATION 1612 LLC.

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

SALVATION 1612
1612 WASHINGTON AVE.
MIAMI BEACH, FL 33139

Mailing Address:

ALEX ZARFATI
3666 NE 167TH ST.
NORTH MIAMI BEACH, FL 33160

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:

ALEX ZARFATI

Name

3666 NE 167TH ST.

Florida street address (P.O. Box **NOT** acceptable)

N.M.B. FL

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.



Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
10 FEB - 1 AM 8:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Name and Address:

MGRM

ALEX ZARFATI
3666 NE 167TH ST.
NORTH MIAMI BEACH, FL 33160

VP

OSCAR GONZALEZ
19024 NW 67TH PLACE
HIALEAH, FL 33015

VP

JASON DAIAGI
1800 N BAYSHORE DR #3207
MIAMI, FL 33123

VP

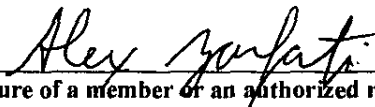
JOSEPH RIMOKH
210 174TH ST #1118
SUNNY ISLES BEACH, FL 33160

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.)

ALEX ZARFATI

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)

FILED
10 FEB - 1 AM 8:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA