

L14 000019991

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

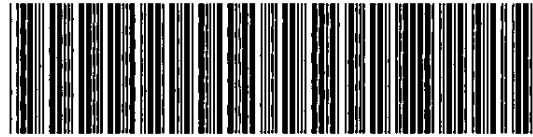
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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DIVISION OF CORPORATIONS  
14 JAN 17 PM 1:08

9/15  
Handwritten initials 'AP' inside a circle.

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: 3594 SOUTH OCEAN BOULEVARD UNIT 402 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:

**AVIRAM AMIR**

Name of Person

**DNA REALESTATE LLC**

Firm/Company

**2895 SOUTH FEDERAL HWY, UNIT B2**

Address

**DELRAY BEACH, FL, 33483**

City/State and Zip Code

**avi@dnarealestates.com**

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

For further information concerning this matter, please call:

**AVIRAM AMIR**

Name of Person

**305**

Area Code

**2449791**

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

**FILED**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**  
**14 JAN 17 PM 1:09**



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 23, 2014

AVIRAM AMIR  
2895 S FEDERAL HWY  
UNIT B2  
DELRAY BEACH, FL 33483

SUBJECT: 3594 SOUTH OCEAN BOULEVARD UNIT 402 LLC  
Ref. Number: W14000004397

We have received your document for 3594 SOUTH OCEAN BOULEVARD UNIT 402 LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 605.0207, F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on January 17, 2014. Please amend your document accordingly.

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) 245-6951.

JENNA D HARRIS  
Regulatory Specialist II

Letter Number: 614A00001493

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DIVISION OF CORPORATIONS  
14 JAN 17 PM 1:09

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

3594 SOUTH OCEAN BOULEVARD UNIT 402 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:**

**Mailing Address:**

2895 SOUTH FEDERAL HWY,UNIT B2  
DELRAY BEACH,FL,33483

2895 SOUTH FEDERAL HWY,UNIT B2  
DELRAY BEACH,FL,33483

**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:

AVIRAM AMIR

Name

2895 SOUTH FEDERAL HWY ,UNIT B2

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

DELRAY BEACH

City

FL 33483

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 605, F.S..*

  
\_\_\_\_\_  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR % 50

**Name and Address:**

AVIRAM AMIR

2895 SOUTH FEDERAL HWY, UNIT B2

DELRAY BEACH, FL, 33483

MGR %25

SAMUEL GENZEN

801 NE 168 STREET

NORTH MIAMI BEACH, FL, 33162

MGR %25

ABRAHAM E. NEWMAN

725 NE 173 TERRACE

NORTH MIAMI BEACH, FL, 33162

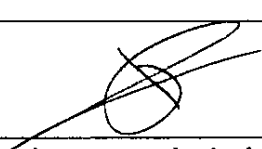
(Use attachment if necessary)

**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.)

**ARTICLE VI:** Other provisions, if any.

**REQUIRED SIGNATURE:**

  
Signature of a member or an authorized representative of a member.  
(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

AVIRAM AMIR

Typed or printed name of signer

**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)

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DIVISION OF CORPORATIONS  
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