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(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
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SECRETARY OF STATE
TALLAMASSEE FLOWING

APR 04 2014 S. YOUNG

COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJI	ECT: <u>13274 ST. TROPEZ CIRCLE LLC</u> Name of Lir	C nited Liability Company	
The en	closed Articles of Organization and fee(s) a	re submitted for filing.	
Please	return all correspondence concerning this m	atter to the following:	
	AVIRAM AMIR	Name of Person	
	DNA REAL ESTATE ,LLC	Firm/Company	
	2895 SOUTH FEDERAL HWY,# B	2 Address	
	DELRAY BEACH,FL.33483	City/State and Zip Code	
	vi@dnarealestates.com E-mail address: (to be use ther information concerning this matter, ple	d for future annual report notificatio	on)
		305) 2449791 Area Code Daytime Telep	hone Number
	ed is a check for the following amount: 10 Filing Fee \$\sum \text{Certificate of Status}\$	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 Addres Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	18 -3 FILE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
13274 ST. TROPEZ CIRCLE LLC		
(Must end with the words "Limited Li	ability Company, "L.L.C.," or "LL	C.")
ARTICLE II - Address: The mailing address and street address of the principal office.	ce of the Limited Liability Compan	y is:
Principal Office Address:	Mailing Address:	
DNA real estate LLC	DNA real estate LLC	
2895 south federal HWY.#B2	2895 south federal HWY.#B2	
Delary Beach,FL,33483	Delray Beach,FL,33483	·
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own Reanother business entity with an active Florida registration.)	egistered Agent. You must designat	e an individual or
The name and the Florida street address of the registered ag	gent are:	
Aviram Amir		
Name		
2895 south federal HWY.#B2		
Florida street address (P.O. Box N	OT acceptable)	
Delray Beach	FL 33483	
City	Zip	
Having been named as registered agent and to accept servi the place designated in this certificate, I hereby accept the capacity. I further agree to comply with the provisions of of my duties; and I am familiar with and accept the oblig Chapter	he appointment as registered agent a all statutes relating to the proper an	and agree to act in this d complete performance
Registered Agent's Signatur	e (REQUIRED)	
(CONTINUEI))	Za ;
Page 1 of 2		FILEI APR -3 I CRETARY OF LAHASSEE,

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
AMBR	Aviram Amir
	2895 south federal HWY,#B2
	Delray Beach.FL.33483
MGR % 33.4	DNA REAL ESTATE LLC
	2895 SOUTH FEDERAL HWY .#B2 DELRAY BEACH.FL,33483
MGR % 33.3	Avraham Montia
MGR 76 33.3	70 Washington street , # 7-1
	Brooklyn .NY,11201
MGR % 33.3	Talya Shuminer
	75 High Street, Closter , NJ.07624
(Use attachment if necessary)	
ective date is listed, the date must be s	e of filing: (OPTIONAL) pecific and cannot be more than five business days prior to or 90 days
ective date is listed, the date must be spof filing.)	
ective date is listed, the date must be spot filing.) E VI: Other provisions, if any.	
ective date is listed, the date must be spot filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE:	pecific and cannot be more than five business days prior to or 90 da
REQUIRED SIGNATURE: Signature of a m (In accordance with section 6 constitutes an affirmation und I am aware that any false info	
REQUIRED SIGNATURE: Signature of a m (In accordance with section 6 constitutes an affirmation und I am aware that any false info	nember or an authorized representative of a member. 05.0203 (1) (b), Florida Statutes, the execution of this document let the penalties of perjury that the facts stated herein are true. ormation submitted in a document to the Department of State only as provided for in s.817.155, F.S.) AVIDAM AMIQ
REQUIRED SIGNATURE: Signature of a m (In accordance with section 6 constitutes an affirmation und I am aware that any false info	pecific and cannot be more than five business days prior to or 90 days prior to or 90 days prior an authorized representative of a member. 105.0203 (1) (b), Florida Statutes, the execution of this document ler the penalties of perjury that the facts stated herein are true. 105.0203 (1) (b) are true. 107.0203 (1) (c) are true. 108.0203 (1) (d) are true. 109.0203 (1) (e) are true. 109.0203 (1) (f) are true. 109.02
REQUIRED SIGNATURE: Signature of a m (In accordance with section 6 constitutes an affirmation und I am aware that any false info constitutes a third degree felo	rember or an authorized representative of a member. 05.0203 (1) (b), Florida Statutes, the execution of this document ler the penalties of perjury that the facts stated herein are true. remation submitted in a document to the Department of State only as provided for in s.817.155, F.S.) AVIDAM AMIQ Typed or printed name of signee Filing Fees:
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ARTICLE IV-