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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

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Account Name : CORP USA
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**FLORIDA LIMITED LIABILITY CO.
A CUT ABOVE THE REST, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

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APR 14 2014
J. B. Bowers

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: A Cut Above The Rest, 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:

Philip S. Vova, Esq.
Name of Person

Philip S. Vova P.A.
Firm/Company

4000 Hollywood Blvd Suite 500 North
Address

Hollywood, FL 33021
City/State and Zip Code

phil@psvova.com
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Philip S. Vova at (954) 966-1598
Name of Person 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
Citizen Building
2661 Executive Center Circle
Tallahassee, FL 32301

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

A Cut Above The Rest 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:

2200 N.W. 23 Street
Miami, FL 33142

2200 N.W. 23 Street
Miami, FL 33142

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:

Philip S. Vora
Name

4000 Hollywood Blvd Suite 500 North
Florida street address (P.O. Box NOT acceptable)

Hollywood FL 33021
City 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.

[Signature]
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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14 APR 15 AM 8:03
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H1400009029

ARTICLE IV.

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

<u>Title</u>	<u>Name and Address</u>
"AMBR" = Authorized Member "MGR" = Manager	
AMBR Bruce Fishbein	2200 N.W. 23 Street Miami, FL 33142
AMBR Morris Corbett	2200 N.W. 23 Street Miami, FL 33142
AMBR John Fishbein	2200 N.W. 23 Street Miami, FL 33142
AMBR Dalton Corbett	2200 N.W. 23 Street Miami, FL 33142

(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 § 817.155, F.S.)

Philip S Vona
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)

Page 2 of 2

H1400009029