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(Red	questor's Name)	
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## COVER LETTER

TO: Registration Division of (	Section Corporations			
SUBJECT: Chana	and Chana LLC Name of Lir	nited Liability Company		
The enclosed Articles	of Organization and fee(s) a	re submitted for filing.		
Please return all corre	spondence concerning this m	atter to the following:		
Benzion	Korf	Name of Person		
<u>Chana a</u>	nd Chana LLC			
		Firm/Company		
<u>6100 Pin</u>	e Tree Dr	Address		
<u>Miami Be</u>	each, FL 33140	City/State and Zip Code	2014,48	PE
Benjyko@hotma	ail com	d for future annual report notifice	ation)	Ī
For further informatio	n concerning this matter, plea			Ę
Benzion Korf Nan	at ( ;		lephone Number	
Enclosed is a check for	or 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)	
Reg	iling Address istration Section ision of Corporations	Street/Courier Add Registration Section Division of Corporal		
	Roy 6327	Clifton Ruilding	nons	

P.O. Box 6327 Tallahassee, FL 32314

Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:			
Chana and Chana LLC (Must end with the words "Limited L	iability Company, "L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street address of the principal offi	ce of the Limited Liability Company is:		
Principal Office Address:	Mailing Address:		
6100 Pine Tree Dr. Miami Beach, FL 33140	6100 Pine Tree Dr Miami Beach, FL 33140		
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own R another business entity with an active Florida registration.)  The name and the Florida street address of the registered a	egistered Agent. You must designate an indivi	1- 1831 - H	Language of the second of the
Chana Korf			[ [ ]
Name  6100 Pine Tree Dr  Florida street address (P.O. Box N	NOT acceptable)	E# 42	<b>C.</b> 7
Miami Beach	FL 33140		
City	Zip		
Having been named as registered agent and to accept serve the place designated in this certificate, I hereby accept to 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 and agree to all statutes relating to the proper and complete	o act in the performa	nis nnce

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

<u> Fitle:</u>	Name and Address:	
AMBR" = Authorized Member		
MGR" = Manager		~
Benzion Korf	MGR	28
		<u> </u>
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V: Effective date, if other than the da	te of filing: (OPTIO specific and cannot be more than five business days pr	NAL) rior to or 90
V: Effective date, if other than the date tive date is listed, the date must be so filling.)  VI: Other provisions, if any.	te of filing: (OPTIO specific and cannot be more than five business days pr	rior to or 90
ctive date is listed, the date must be sf filing.)  EVI: Other provisions, if any.	specific and cannot be more than five business days pr	rior to or 90
CV: Effective date, if other than the date tive date is listed, the date must be so filling.) CVI: Other provisions, if any.  REQUIRED SIGNATURE:	specific and cannot be more than five business days pr	rior to or 90
CV: Effective date, if other than the date is listed, the date must be so filling.)  CVI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a no (In accordance with section of constitutes an affirmation und I am aware that any false info	specific and cannot be more than five business days pr	r. document re true.
V: Effective date, if other than the dative date is listed, the date must be stilling.)  VI: Other provisions, if any.  Signature of a naccordance with section of constitutes an affirmation und I am aware that any false inforconstitutes a third degree felor	nember or an authorized representative of a member 505.0203 (1) (b), Florida Statutes, the execution of this of the penalties of perjury that the facts stated herein an ormation submitted in a document to the Department of the penalties of the	r. document re true.
CV: Effective date, if other than the date is listed, the date must be so filling.)  CVI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a no (In accordance with section of constitutes an affirmation und I am aware that any false info	nember or an authorized representative of a member 505.0203 (1) (b), Florida Statutes, the execution of this of the penalties of perjury that the facts stated herein an ormation submitted in a document to the Department of	r. document re true.