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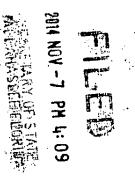
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DEFINAL SOF

COVER LETTER

TO:	P: Registration Section Division of Corporations	
SUBJI	BJECT: 1065 Bay Harbor LLC	
	Name of Limited Liability Company	
The en	e enclosed Articles of Organization and fee(s) are submitted for filing.	
Please	ase return all correspondence concerning this matter to the following:	
	Elliot S. Grossman	
	Name of Person	
	1065 Bay Harbor, LLC	
	Firm/Company	22
	4539 N. Meridian Ave.	
	Address	
	Miami Beach, FL 33140-2944	SALA PER SALAR P
	City/State and Zip Code	PM 4: 09
10	1065BayHarbor@gmail.com E-mail address: (to be used for future annual report notific	eation)
For fur	further information concerning this matter, please call:	,
	ζ, γ	
Elliot	iot S. Grossman at (786) 417-1928 Name of Person Area Code Daytime To	elephone Number
	Name of Person Area Code Daytime for	erephone Number
Enclos	closed is a check for the following amount:	
☑ \$125.0	25.00 Filing Fee Status Status Status Status Status Certificate of Status Certified Copy (additional copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive CerTallahassee, FL 32314Tallahassee, FL 32314	ations nter Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

1065 Bay Harbor, LLC.		-	<u>.</u>
(Must end with	the words "Limited	d Liability Company, "L.L.C.," or	"LLC.")
ARTICLE II - Address: The mailing address and street addre	ss of the principal c	office of the Limited Liability Cor	npany is:
Principal Office Address:		Mailing Address:	•
4539 N. Meridian Ave. Miami Beach, FL 33140-2944		4539 N. Meridian Ave. Miami Beach, FL 33140-29	944
ARTICLE III - Registered Agent, (The Limited Liability Company can another business entity with an activ The name and the Florida street addr Elliot S. Gro	not serve as its owr e Florida registration ess of the registered	n Registered Agent. You must des on.) d agent are:	ignate an individual or
		ŧ	7 R
4539 N. Me		x NOT acceptable)	₩ t: 09
	·	•	1
Miami Beac	City	FL 33140-2944 Zip	٠.
	City	Σip	
Having been named as registered ag the place designated in this certifi capacity. I further agree to comply of my duties, and I am familiar wi	icate, I hereby accept with the provisions the and accept the old	pt the appointment as registered as of all statutes relating to the prop	gent and agree to act in this er and complete performance
Regis	tered Agent's Sign	ature (REQUIRED)	

Page 1 of 2

(CONTINUED)

<u>'itle:</u>	Name and Address:
AMBR" = Authorized Me	
MGR" = Manager	EW . 6. 6
	Elliot S. Grossman
	4539 N. Meridian Ave.
	Miami Beach, FL 33140-2944
MBR	Anita S. Grossman
	4539 N. Meridian Ave.
	Miami Beach, FL 33140-2944
	Wild III 2000 (1, 1, 2, 0, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,

V: Effective date, if othe	than the date of filing: (OPTIONAL)
Use attachment if necessates V: Effective date, if other tive date is listed, the date filing.)	
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\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)