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(City/State/Zip/Phone #)

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TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
MAY -8 2015

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

3605 INDIAN CREEK DRIVE, #501, LLC

Signature _____

Requested by: BA

5/7/15

AM

Name

Date

Time

Walk-In

Will Pick Up

____ Art of Inc. File _____
____ LTD Partnership File _____
____ Foreign Corp. File _____
✓ ____ L.C. File _____
____ Fictitious Name File _____
____ Trade/Service Mark _____
____ Merger File _____
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____ RA Resignation _____
____ Dissolution / Withdrawal _____
____ Annual Report / Reinstatement _____
____ Cert. Copy _____
✓ ____ Photo Copy _____
____ Certificate of Good Standing _____
____ Certificate of Status _____
____ Certificate of Fictitious Name _____
____ Corp Record Search _____
____ Officer Search _____
____ Fictitious Search _____
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____ UCC 1 or 3 File _____
____ UCC 11 Search _____
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____ Courier _____

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 3605 INDIAN CREEK DRIVE, #501, 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:

WOLF LANDAU

Name of Person

Firm/Company

2 SKILLMAN STREET, SUITE 205

Address

BROOKLYN, NEW YORK 11205

City/State and Zip Code

wolfccgllc@gmail.com

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

For further information concerning this matter, please call:

Avi J. Litwin

786

276-6150

at ()

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 Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FILED

2015 MAY -7 AM 10:25

CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

3605 INDIAN CREEK DRIVE, #501 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:

3605 INDIAN CREEK DRIVE

2 SKILLMAN STREET

SUITE 501

SUITE 205

MIAMI BEACH, FLORIDA 33140

BROOKLYN, NEW YORK, 11205

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:

WOLF LANDAU

Name

3605 INDIAN CREEK DRIVE, SUITE 501

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

MIAMI BEACH

FL.

33140

City

State

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

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

"AMBR" - Authorized Member

"MGR" = Manager.

WOLF LANDAU

3605 INDIAN CREEK DRIVE, SUITE 501

MIAMI BEACH, FLORIDA 33140

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.)

WOLF LANDAU

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)