

# L15000190422

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H15000270556 3)))



H150002705563ABC+

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To: Division of Corporations  
Fax Number : (850)617-6381

From: Account Name : CORP USA  
Account Number : 072450003258  
Phone : (305)634-3694  
Fax Number : (305)633-9696

FILED  
2015 NOV 12 AM 10:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

\*\*Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

**FLORIDA LIMITED LIABILITY CO.  
212 SAN CARLOS AVENUE, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

102906

H/5000 270 556

suCP neuman llc

2015 NOV 12 AM 10:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I**  
**Name**

The name of the Limited Liability Company is:

212 SAN CARLOS AVENUE, LLC

**ARTICLE II**  
**Address**

The mailing and street address of the principal office of the Limited Liability Company is:

**Principal Office Address:**

231 174<sup>th</sup> Street, #718  
Sunny Isles Beach, FL 33160

**Mailing Address:**

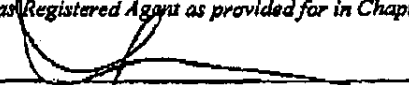
231 174<sup>th</sup> Street, #718  
Sunny Isles Beach, FL 33160

**ARTICLE III**  
**Registered Agent, Registered Office & Registered Agent's Signature**

The name and the Florida street address of the registered agent are:

Ira R. Shapiro  
16375 NE 18<sup>th</sup> Avenue, Suite 225  
North Miami Beach, FL 33162

*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.*

  
Ira R. Shapiro, Registered Agent

**ARTICLE IV**  
**Management**

The Limited Liability Company is to be managed by one or more managers, and is therefore a manager - managed company.

**ARTICLE V**  
**Persons Authorized to Manage and Control**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

MGR

Aron Neuman  
231 174<sup>th</sup> Street, #718  
Sunny Isles Beach, FL 33160

MGR

Zipora Strobel-Neuman  
231 174<sup>th</sup> Street, #718  
Sunny Isles Beach, FL 33160

  
\_\_\_\_\_  
Aron Neuman, MGR

*(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.)*

9550700051H  
11/12/2015 00:52 30856339696