

# L/6000/57601

## Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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(((H16000210817 3)))



H160002108173ABC-

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

From: Account Name : CORP USA  
 Account Number : 072450003255  
 Phone : (305)634-3694  
 Fax Number : (305)633-9696

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 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

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

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

### FLORIDA LIMITED LIABILITY CO. FOUNDATION PROPERTY HOLDINGS LLC

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

114974

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Corporate Filing Menu

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*DO 8/26/16*





August 25, 2016

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

CORP USA

SUBJECT: FOUNDATION PROPERTY HOLDINGS LLC  
REF: W16000059049

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Article I does not have the name of the LLC listed.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

DANIEL L O'KEEFE  
Regulatory Specialist II

FAX Aud. #: E16000210817  
Letter Number: 116A00010138

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TALLAHASSEE, FLORIDA

P.O BOX 6327 - Tallahassee, Florida 32314

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H16000210817

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Foundation Property Holdings 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:

Michael Shvartsman  
Name of Person

---

Firm/Company

---

11451 NW 36th Ave  
Address

---

Miami, Florida 33141  
City/State and Zip Code

---

ms@conquest-financial.com  
E-mail address: (to be used for future annual report notification)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Michael Shvartsman at (786) 350-9353  
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**  
 New Filing Section  
 Division of Corporations  
 P.O. Box 6327  
 Tallahassee, FL 32314

**Street Address**  
 New Filing Section  
 Division of Corporations  
 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:

Foundation Property Holdings 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:

11451 NW 36th Ave Miami, FL 33167

Mailing Address:

11451 NW 36th Ave Miami, FL 33167

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.)

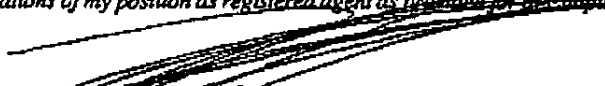
The name and the Florida street address of the registered agent are:

Michael Shvartsman  
Name

11451 NW 36th Ave  
Florida street address (P.O. Box ~~NOT~~ acceptable)

Miami                      Florida                      33167  
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

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**ARTICLE IV-**

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

**Title:**  
"AMBR" = Authorized Member  
"MGR" = Manager  
MGR

**Name and Address:**

Michael Shvartsman  
11451 NW 36th Ave Miami, Florida 33160

MGR

Gerald Shvartsman  
11451 NW 36th Ave Miami, Florida 33160

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 08/19/16 (OPTIONAL)

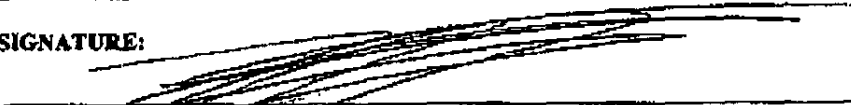
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.

**ARTICLE VI:** Other provisions, if any.

\_\_\_\_\_  
\_\_\_\_\_

**REQUIRED SIGNATURE:**



Signature of a member or an authorized representative of a member.  
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.  
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.

Michael Shvartsman  
Typed or printed name of signee

**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)

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