2016-09-28 16:33 **Division of Corporations** 



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

From:

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Account Number	:	120130000018
Phone	:	(786)288-5699
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Email Address: paul@feldmanclosings.com

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J. FASON 8EP 2 9 2016

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

### **ARTICLE I - Name:**

The name of the Limited Liability Company is:

# 1031 NMB, LLC

(Must end with the words "Limited Liubility 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:	
1100 NE 163rd Street	1100 NE 163rd Street	
Second Floor	Second Floor	
North Miarni Beach FL 33162	North Miami Beach Fl. 33162	

# 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:

Paul Feldma	ın, Esq.	
	Name	
2750 NE 185th	Street Suite 203	
Florida street address	(P.O. Box <u>NOT</u> :	acceptable)
Aventura	FL	33180
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 (REOUIRED)

(CONTINUED)

Page 1 of 2

S SEP 29 AH S:

1100 NE 163rd Street Second Floor North Miami Beach FL 33162

ARTICLE IV-

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

Name and Address;

Rachel Sapoznik

Title:

"AMBR" = Authorized Member "MGR" = Manager MGR\_\_\_\_\_

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: \_\_\_\_\_\_. (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.)

<u>Note:</u> 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.

REOUIRED SIGNATURE:
---------------------

Signature of a member of 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 fulse information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Paul Feldman, Esq.

is

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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