

L17000249328

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

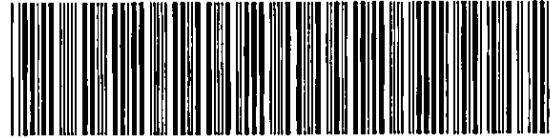
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300306236203

12/05/17--01014--006 **125.00

FILED

2017 DEC -5 PM 2:18 *M. Page*

SECRETARY OF STATE
TALLAHASSEE, FLORIDA 12/6/17

FELDMAN & FELDMAN
COUNSELLORS AT LAW, P.A.

JAY FELDMAN*
MICHAEL FELDMAN*
Ms. JODI A. FISCHER*
OLIVIA S. CHIONG

5491 North University Drive, Suite 102
Coral Springs, Florida 33067

(954) 227-7320
(954) 227-7552 FAX

WWW.FELDMANESQ.COM

*Admitted in FL, NY & NJ
*Admitted in FL & AZ
*Veterans Affairs accredited

Sender's E-mail: olivia@feldmanesq.com

File No. 2166

November 21, 2017

VIA U.S. MAIL RRR
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: 4860 S. Atlantic Ave., LLC

To Whom It May Concern,

Our firm represents John and Alison Resnik, the individuals submitting the forms required to form a Florida Limited Liability Company pursuant to Chapter 605, Florida Statutes. Enclosed please find the following for 4860 S. Atlantic Ave., LLC:

1. Cover letter containing the name, address, and day-time telephone number of the authorized person submitting this Articles of Organization.
2. Articles of Organization and Designation of Registered Agent
3. A check (#2638) made payable to the Florida Department of State in the amount of \$125.00.

Should additional information or documentation be required, please do not hesitate to contact our office.

Very truly yours,



OLIVIA S. CHIONG

OC
Enclosure

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: 4860 S. Atlantic Ave, 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:

Alison R. Resnik

Name of Person

Firm/Company

4442 NW 43rd Street

Address

Coconut Creek, FL 33073

City/State and Zip Code

resnik1@bellsouth.net

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

For further information concerning this matter, please call:

Alison R. Resnik

407

620-4124

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

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:

4860 S. Atlantic Ave, LLC

(Must contain 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:

4442 NW 43rd Street

Coconut Creek, FL 33073

Mailing Address:

4442 NW 43rd Street

Coconut Creek, FL 33073

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:

Alison R. Resnik

Name

4442 NW 43rd Street

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

Coconut Creek

Florida

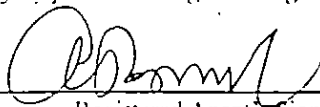
33073

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)

FILED
2017 DEC -5 PM 2:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR/MGR

Name and Address:

John W. Resnik, Jr.

4442 NW 43rd Street

Coconut Creek, FL 33073

AMBR/MGR

Alison R. Resnik

4442 NW 43rd Street

Coconut Creek, FL 33073

(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 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.

FILED
2011 DEC 5 PM 2:18
TALLAHASSEE
SECRETARY OF STATE
FLORIDA

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.

Alison R. Resnik

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)