

L18000037176

(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



000308414800

01/29/18--01029--028 **160.00

FILED
18 FEB 13 PM 1:35
TALLAHASSEE, FLORIDA
CLERK OF SUPERIOR COURT

N CULLIGAN

FEB 13, 2018

COVER LETTER

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

SUBJECT: Open Fortress 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:

Mordechai Fridman

Name of Person

Firm/Company

16507 NE 27th ave

Address

North Miami Beach , Florida 33160

City/State and Zip Code

MORDI.FRID@gmail.com

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

For further information concerning this matter, please call:

Mordechai Fridman 561 8098076

Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$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



RECEIVED

2018 FEB 12 PM 2:40

FLORIDA DEPARTMENT OF STATE
Division of Corporations

FLORIDA

January 31, 2018

MORDECHAI FRIDMAN
16507 NE 27TH AVE
NORTH MIAMI BEACH, FL 33160

SUBJECT: OPEN FORTRESS LLC
Ref. Number: W18000010208

We have received your document for OPEN FORTRESS LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Missing page (2) of the form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Neysa Culligan
Regulatory Specialist II

Letter Number: 618A00002089

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

OPEN FORTRESS 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:

16507 NE 27th ave
North Miami Beach , Florida 33160

Mailing Address:

16507 NE 27th ave
North Miami Beach , Florida 33160

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:

Mordechai Fridman
Name

16507 NE 27th ave
Florida street address (P.O. Box **NOT** acceptable)

<u>North Miami Beach</u>	<u>FL</u>	<u>33160</u>
City	State	Zip

FILED
18 FEB 13 PM 1:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)

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

Name and Address:

MORDECHAI FRIDMAN
16507 NE 27th AVE
NORTH MIAMI BEACH 33160

(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.)

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 Statute.
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.

MORDECHAI FRIDMAN

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)

18 FEB 13 PM 1:36
DEPT OF STATE
FILING OF DOCUMENTS

FILED