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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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

From: Account Name : DANIEL BENGIO CPA PA
Account Number : 120180000003
Phone : (954) 621-2221
Fax Number : (866) 843-2497

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

Email Address: _____

RECEIVED
2018 MAR -8 PM 12:35
DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

FLORIDA LIMITED LIABILITY CO.
AQUANOX PROPERTIES LLC

| | |
|-----------------------|----------|
| Certificate of Status | 1 |
| Certified Copy | 0 |
| Page Count | 01 |
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

18 MAR -8 AM 9:56

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MAR 09 2018

T SCHROEDER

COVER LETTER

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

SUBJECT: AQUANOX PROPERTIES 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:

ANAT YANIV

Name of Person

DANIEL BENGIO CPA PA

Firm/Company

6100 HOLLYWOOD BLVD STE 212

Address

HOLLYWOOD, FL 33024

City/State and Zip Code

ANAT@BENGIO.TAX

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

For further information concerning this matter, please call:

ANAT YANIV

954

800-3806

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:

AQUANOX PROPERTIES 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:

16950 N BAY ROAD APT 2403
N MIAMI BEACH, FL 33160

Mailing Address:

16950 N BAY ROAD APT 2403
N MIAMI BEACH, FL 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:

MICHAEL KADOCH

Name

16950 N BAY ROAD APT 2403

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

| | | |
|----------------------|-----------|--------------|
| <u>N MIAMI BEACH</u> | <u>FL</u> | <u>33160</u> |
| 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.

Michael Kadoch

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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SHERIFF'S OFFICE
MIAMI COUNTY, 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

MGR

Name and Address:

KADOCH, MICHAEL

16950 N BAY ROAD APT 2403

N MIAMI BEACH, FL 33160

AMBR

SASI, ABE

16950 N BAY ROAD APT 2403

N MIAMI BEACH, FL 33160

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 3/6/2018 (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:

Michael Kadoch

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 KADOCH

Typed or printed name of signer

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 MAR -8 AM 9:56
REGISTRY OF STATE
TALLAHASSEE, FLORIDA

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