

L18000107157

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 : COHEN, NORRIS, WOLMER, RAY, TELEPMAN & COHEN
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: bryanbittner@gmail.com

FILED
18 MAY -2 AM 10:01

FLORIDA LIMITED LIABILITY CO.

13126 N. CLEVELAND, LLC

RECEIVED
2018 MAY -2 AM 11:01
CORPORATIONS
DIVISION OF COMMERCIAL
REGISTRATION SERVICES

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

T COLLINS
MAY 03 2018



May 2, 2018

FLORIDA DEPARTMENT OF STATE
Division of Corporations

COHEN, NORRIS, WOLMER, RAY, TELEPMAN & COHEN

SUBJECT: 13126 N. CLEVELAND, LLC
REF: W18000040897

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.

The name of the entity listed on the fax cover sheet and the name of the entity listed in the document must be identical. Please amend the document or the fax cover sheet accordingly.

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.

Jessica A Fason
Regulatory Specialist II

FAX Aud. #: H18000136735
Letter Number: 518A00008973

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H18000106100

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: 13126 N. CLEVELAND, 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:

Jonathan A. Berkowitz, Esq.
Name of Person

Cohen Norris et al.
Firm/Company

712 U.S. Highway One, Suite 400
Address

North Palm Beach, FL 33408
City/State and Zip Code

bryanbittner1@gmail.com
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

Jonathan A. Berkowitz at (561) 844-3600
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

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

13126 N. CLEVELAND, 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:

Mailing Address:

17161 Grand Bay Drive
Boca Raton, FL 33496

Same

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:

Jonathan A. Berkowitz, Esq.

Name

712 U.S. Highway One, Suite 400

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

North Palm Beach,

FL

33408

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.

[Signature]
Registered Agent's Signature (REQUIRED)

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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:

Bryan Bittner
17161 Grand Bay Drive
Boca Raton, FL 33496

MGR

Wendy Bittner
17161 Grand Bay Drive
Boca Raton, FL 33496

(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 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.

Bryan Bittner, Manager

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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