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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

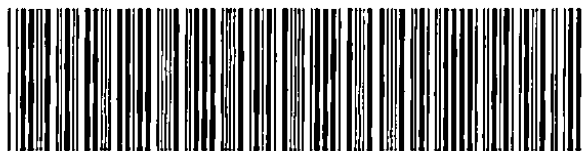
(Business Entity Name)

(Document Number)

1 Copies _____ Certificates of Status _____

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19 MAR 12 PM 2:03

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T SCHROEDER

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 680611 8941A

AUTHORIZATION :

COST LIMIT : \$ 125.00

ORDER DATE : March 12, 2019

ORDER TIME : 11:41 AM

ORDER NO. : 680611-005

CUSTOMER NO: 8941A

DOMESTIC FILING

NAME: N102CZ TOO, LLC

EFFECTIVE DATE:

____ ARTICLES OF INCORPORATION
____ CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX PLAIN STAMPED COPY
____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner - EXT.

EXAMINER'S INITIALS: _____

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

name of the Limited Liability Company is:

N102CZ TOO, LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

300 SE 17th Street

Fort Lauderdale, FL 33316

Same

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or other business entity with an active Florida registration.)

name and the Florida street address of the registered agent are:

Bruce D. Green

Name

1313 South Andrews Avenue

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

Fort Lauderdale

Florida

33316

City

State

Zip

I have been named as registered agent and to accept service of process for the above stated limited liability company at the designated in this certificate. I hereby accept the appointment as registered agent and agree to act in this capacity. I agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I agree to accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

/s/ Bruce D. Green

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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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

Name and Address:

Marc Anidjar

300 SE 17th Street

Fort Lauderdale, FL 33316

AMBR

Garv F. Czajkowski

300 SE 17th Street

Fort Lauderdale, FL 33316

(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:

/s/ Marc Anidjar

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.

Marc Anidjar

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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