

6/4/2019

Division of Corporations

**L19000141312**

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H19000176974 3)))



H190001769743ABCB

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

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

From:

Account Name : LEGALINC CORPORATE SERVICES INC.  
Account Number : I2018000011  
Phone : (844)386-0178  
Fax Number : (214)317-4754

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

Email Address: \_\_\_\_\_

**FLORIDA LIMITED LIABILITY CO.  
ONLY MIAMI, L.L.C.**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

2019 JUN -4 PM 1:20

State  
TAXES

19 JUN -4 PM 5:36  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

FILED

[Electronic Filing Menu](#)

[Corporate Filing Menu](#)

[Help](#)

((H19000176974 3)))

ARTICLES OF ORGANIZATION FOR  
FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - NAME:**

The name of the Limited Liability Company is:

**ORLY MIAMI, L.L.C.**

**ARTICLE II - ADDRESS:**

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

290 – 174<sup>th</sup> Street  
Suite # 1904  
Sunny Isles, Florida 33160

**ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, &  
REGISTERED AGENT'S SIGNATURE:**

The initial registered agent and office in Florida for the Company is:

LARRY J. BEHAR, P.A.  
d/b/a BEHAR LAW GROUP  
888 Southeast Third Avenue - Suite # 400  
Fort Lauderdale, Florida 33316

19 JUN - 4 PM 5:36  
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. ***This acceptance is valid for a period of twelve (12) months only following the date of registration of the company after which you will be required to appoint a substitute Registered Agent and advise the Florida Department of State.*** 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.



Larry J. Behar, Registered Agent

***(valid for one (1) year only upon the date of registration of the company)***

((H19000176974 3)))

((H19000176974 3)))

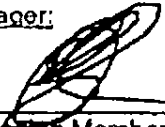
**ARTICLE IV - MEMBERS AND MANAGEMENT:**

The names and addresses of the Manager of the Company is:

<u>Title:</u>	<u>Name and Address:</u>
MANAGING-MEMBER	Orly BOHBOT 290 - 174 <sup>th</sup> Street Suite # 1904 Sunny Isles, Florida 33160

Signature of Manager:

Date: June 3, 2019.

  
\_\_\_\_\_  
Orly Bohbot, Managing-Member

*(In accordance with section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.).*

((H19000176974 3)))