

Division of Corporations

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**CF1000159841**

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 : BELOFF LAW, P.A.  
Account Number : I20080000060  
Phone : (305)673-1101  
Fax Number : (305)673-5505

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

Email Address: STERRY@BELOFFLAW.COM**FLORIDA LIMITED LIABILITY CO.  
2318 NBR, LLC**

Certificate of Status	1
Certified Copy	1
Page Count	03
Estimated Charge	\$160.00

SECRETARY OF STATE  
TALLAHASSEE, FL

2019 JUN 26 AM 8:12

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**COVER LETTER**

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**To:** Registration Section/Division of Corporation  
**Subject:** New Entity Filing  
**Entity Name:** 2318 NBR, LLC

**Memo:** The enclosed Articles of Organization and Fees(s) are submitted for filing.

**Please return all correspondence concerning this matter to the following:**

**Jonathan D. Beloff, Esq.**  
**Beloff Law, P.A.**  
**1691 Michigan Avenue**  
**Suite 250**  
**Miami Beach, FL 33139**  
**Telephone: 305-673-1101**  
**Fax: 305-673-5505**  
**Email Address: Sherry@BeloffLawPA.com**

**Requested Items:**

Entity Filing  
Certificate of Status  
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**ARTICLES OF ORGANIZATION  
FOR  
2318 NBR, LLC  
a Florida Limited Liability Company**

The undersigned, desiring to form a Limited Liability Company for the purposes set forth herein and in conformance with the Florida Limited Liability Company Act, does hereby establish the following:

**ARTICLE I- NAME:**

The Name of the Limited Liability Company is: **2318 NBR, LLC**

**ARTICLE II- ADDRESS:**

The Address of its Principal Place of Business, as well as the Mailing Address for this Limited Liability Company is 3050 Biscayne Blvd., Ph.1, Miami, FL 33137

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

The Name and the Florida Address of the Registered Agent are:

**Keith M. Menin, 3050 Biscayne Blvd., Ph. 1, Miami, FL 33137**

Having been named as registered agent and to accept service of process for the above state 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.



**Keith M. Menin, Registered Agent**

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**ARTICLE IV-**

The Name and Address of Each Person Authorized to Manage and Control the Limited Liability Company:

**TITLE:**

**NAME AND ADDRESS:**

**Manager**

**Keith M. Menin  
3050 Biscayne Blvd., Ph. 1  
Miami, FL 33137**

**ARTICLE V-**

Effective Date, if other than the date of filing: \_\_\_\_\_ (Optional)

**ARTICLE VI-** Other provisions, if any.

**REQUIRED SIGNATURE:**



**Keith M. Menin, Manager**

*(In accordance with Section 605.0203 (1)(b), Florida Statute, 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 817.155, F.S.)*

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