19000210175

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to (Filing Officer:	

Office Use Only

K. PAGE

AUG 23 2019



700333646577

07/23/19--01019--012 **160.00

ALLAHASSEE, FLO

JL 23 PM 1: 11

SECRETARY OF SHALL IVISION OF SUPERCRATIONS

COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: Real Estate Endeavors Sub 1 LLC Name of Limited Liability Company
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:
Charles Velenovsky Name of Person
Firm/Company
1112 NE 16th Ave
(112 NE 16th Ave
Fort Landerdala FL 3.3304 City: State and Zip Code Cvelenovsky @ aal-com E-mail address: (to be used for future annual report notification)
City/State and Zip Code
E-mail address: (to be used for future annual report potification)
For further information concerning this matter, please call:
SAME at (646) 554-6459 Name of Person Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S125.00 Filing Fee \$\ \text{S130.00 Filing Fee & Certified Copy (additional copy is enclosed)} \\ \text{S160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \\ \text{Certified Copy (additional copy is enclosed)} \\ \te
Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY $% \left(1\right) =\left(1\right) \left(1$

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

	Real E	state Endeador	rs Sub I	LLC	
	(Must contain	the words "Limited Lis	ability Company, "I	_,L.C.," or "LLC.")	
ARTICLE I	I - Address: address and street add	ress of the principal offi	ce of the Limited L	iability Company is:	
	Principal	Office Address:		Muiling Address	
	1112 NE 1	CH Ave		S.tn E	<u></u>
_	Fur Londerd	de FL 3330	7 . –		
(The Limited	I Liability Company c	t, Registered Office, & annot serve as its own R tive Florida registration.	legistered Agent. Y	's Signature: ou must designate an indiv	dual or
The name an	nd the Florida street ac	dress of the registered a	=		
		Charles [1(2 NE Florida street address	Velenovsk	7	
		1.10	Name L. H.		
		Florida street address	(P.O. Box NOT acc	rentable)	
		Fact Land de l	PC	73364	
		Fort Laddel	State	Zip	
place designa. further agree	ted in this certificate, I to comply with the pro	hereby accept the appointsions of all statutes rela	intment as registered ating to the proper o	above stated limited liability d agent and agree to act in t and complete performance of s provided for in Chapter 60	his capacity. I of my duties, and I
			_		
		Register	ed Agent's Signatu	re (REQUIRED)	

"AMBR" = Authorized Member "MGR" = Manager AMBR Charles Velenovsky III2 NE 16th Ave For it Loveled Letter for 33700	, L
AMBR Charles Velenovsky 1112 NE 1615 Ave) For F Lover dill FL 33201	
Fort Lover du pr 3320	
<u></u>	
·	
(Use attachment if necessary)	
ment's effective date on the Department of State's records. LEVI: Other provisions, if any.	
REQUIRED SIGNATURE:	
Chl	
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.	
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 relong as provided for in s.817.155, F.S.	.
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. Cherks Velenostky	
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. Charles Velenous Typed or printed name of figure	10 00
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. Charles Velenous L. Typed or printed name of signee Filling Fress:	5
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. Cherks Velenoth Typed or printed name of lignee Filling Fees: \$125.00 Filling Fee for Articles of Organization and Designation of Registered Agent	JOE 23
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. Charles Veleneville Typed or printed name or ignee	13 JUL 23 PM
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. Charles Veleners Typed or printed name optignee Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certified Copy (Optional)	70. 73

.

•