

**L190003402163ABC**  
I Incorporate  
Division of Corporations  
Florida Department of State

Division of Corporations  
Electronic Filing Cover Sheet

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(((H19000340216 3)))



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

From:  
Account Name : ALEXANDER ALMONTE, ESQ/I INCORPORATE LTD.  
Account Number : I20070000019  
Phone : (518)689-1212  
Fax Number : (518)432-0742

**\*\*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.  
1637 Cleveland St LLC**

|                       |          |
|-----------------------|----------|
| Certificate of Status | 1        |
| Certified Copy        | 0        |
| Page Count            | 01       |
| Estimated Charge      | \$130.00 |

Req 11/20/2019

**Articles of Organization**  
*for*  
**Florida Limited Liability Company**

**ARTICLE I NAME**

The name of the Limited Liability Company is:

**1637 Cleveland St LLC**

**ARTICLE II PRINCIPAL OFFICE**

The mailing address and street address of the principal office is:

**1637 Cleveland St, Hollywood, FL 33020**

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

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

**Tatiana Tsirkin**  
**1637 Cleveland St, Hollywood, FL 33020**

**ARTICLE IV AUTHORIZED REPRESENTATIVE / MANAGER**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Tatiana Tsirkin, Authorized Representative**  
**1637 Cleveland St, Hollywood, FL 33020**

**November 20, 2019**

*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.*

**s/ Tatiana Tsirkin**  
Tatiana Tsirkin  
**Registered Agent**

*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.*

**s/ Tatiana Tsirkin**  
Tatiana Tsirkin  
**Authorized Representative**

To: 18506176381 From: 14694451465 Date: 11/25/19 Time: 12:07 PM Page: 01/04

To:  
Division of Corporations

Attached you will find the Articles for **BREADFRUIT LANE, LLC.**  
**Please honor the original fax filing date of 11/20/2019.**

Thank you,  
Adrine Arutyunyan  
Account Name : LEGALINC CORPORATE SERVICES INC. Account Number : 120180000011  
Phone : (844)386-0178  
Fax Number : (214)317-4754