

L20000067019

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

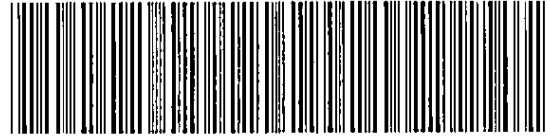
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600341450806

FILED

2020 MAR -3 AM 10:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2020 MAR -3 PM 1:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR -4 2020

Brumbley

FLORIDA FILING & SEARCH SERVICES, INC:

P.O. BOX 10662 TALLAHASSEE, FL 32302

155 Office Plaza Dr Ste A Tallahassee FL 32301

PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 03/03/20

NAME: 4980 NW 165 ST A-21, LLC

TYPE OF FILING: ARTICLES

COST: 125.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

Abbie Hodge

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

4980 NW 165 ST A-21, LLC

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

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

5131 NW 165 ST

5131 NW 165 ST

MIAMI GARDENS, FL 33014

MIAMI GARDENS, FL 33014

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

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

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

ZAINAB SACHWANI

Name

5131 NW 165 ST

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

MIAMI GARDENS

FL

33014

City

State

Zip

I, the undersigned, am named as registered agent and to accept service of process for the above stated limited liability company at the address designated on 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 understand, own and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

Zainab

Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
2020 MAR -3 AM 10:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV-

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

Title:

Name and Address:

"MEMBER" -- Authorized Member

"MGR" -- Manager

MGR

ZAINAB SACHWANI

5131 NW 165 ST

MIAMI GARDENS, FL 33154

(Use attachment if necessary)

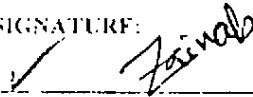
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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 entered in this block does not meet the applicable statutory filing requirements, this date will not be filed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605 (203 c1) (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.

ZAINAB SACHWANI

Type or printed name of signer

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)