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 1:43

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:

3980 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 other 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 hereby am 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.*

/ 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: |
|---|---|
| "AMBR" = Authorized Member<br>"MGR" = Manager | |
| MGR | ZAINAB SACHWANI<br>5131 NW 165 ST<br>MIAMI GARDENS, FL 33014 |
| | |
| | |
| | |

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

ARTICLE VI: Other provisions, if any

REQUIRED SIGNATURE:

/s/ Zainab

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.

ZAINAB SACHWANI
Typed 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)