4/15/2020

Electronic Finng Cover S

ision of Corpora

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(((H20000110648 3)))



H200001106483ABCW

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number : I20000000195 Phone : (850)521-0821 Fax Number : (850)558-1515

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

FWall	Address:				
		 	 	 	 _

FLORIDA LIMITED LIABILITY CO. TH 3904 LLC

'CFR 1'6 2020

T. SCOTT

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

Electronic Filing Menu Corporate Filing Menu

Help

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	C	OVER LETT	ER	
	New Filing Section Division of Corporations			
em rec	TH 3904 LLC			
SUBJEC		Limited Liabili	ty Company	
The engle	sed Articles of Organization and fee(s)	are submitted	for filing	
	urn all correspondence concerning this		-	-
1 10000 101	STEVEN R AMSTER, ESQ.	maner to ote .	ono mag.	1
		Name of	Person	
	KODSI LAW FIRM PA			1
		Firm/Co	mpuny .	+
	1000 N HIATUS ROAD, SUITE 1	03		
	<u> </u>	Addr	ress	
	PEMBROKE PINES, FL 33026			
		City/State and	d Zip Code	†
	samster@kodsilawfirm.com E-mail address: (to be us	ed for future a	nnual report notification)	+-
For further	information concerning this matter, ple			
	Steven	954	771-8277 ext 111	1
	Name of Person	Area Code	Daytime Telephone Number	1
Enclosed	is a check for the following amount.			
	Filing Fee \$130.00 Filing Fee & Certificate of Status	Certific	0 Filing Fee & \$160.00 Filing ed Copy al copy is enclosed) Certificate of St Certified Copy (additional copy is	istus &
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	

ARTICLE I - Name: The name of the Limited Liability Company is.		
TH 3904 LLC		ı
(Must contain the words "Limited Li	.iability Company, "L.L.C.," or "LLC.")	7
ARTICLE II - Address: The mailing address and street address of the principal off	Tice of the Limited Liability Company is.	
Principal Office Address:	Mailing Address:	
1835 NE MIAMI GARDENS DRIVE	1835 NE MIAMI GARDENS DRIVE	
# 180	<u># 180</u>	
NORTH MIAMI BEACH, FL 33179	NORTH MIAMI BEACH, FL 33179	_1
The name and the Florida street address of the registered a KODSI LAW FIRM F		ı
	Name	1
	ranc	
1000 N HIATUS RO		
1000 N HIATUS RO		
1000 N HIATUS RO	DAD, SUITE 103 (P.O. Box <u>NOT</u> acceptable)	
1000 N HIATUS RO Florida street address	DAD, SUITE 103 (P.O. Box <u>NOT</u> acceptable)	
1000 N HIATUS RO Florida street address PEMBROKE PINES	OAD, SUITE 103 6 (P.O. Box NOT acceptable) 6 FL 33026 State Zip ce of process for the above stated limited liability comparintment as registered agent and agree to act in this capallating to the proper and complete performance of my dutas registered agent as provided for in Chapter 605, F.S.	icity.
1000 N HIATUS RO Florida street address PEMBROKE PINES City Having been named as registered agent and to accept service place designated in this certificate, I hereby accept the appoint further agree to comply with the provisions of all statutes reliant familiar with and accept the obligations of my position as KODSI LAW FIRM	OAD, SUITE 103 6 (P.O. Box NOT acceptable) 6 FL 33026 State Zip ce of process for the above stated limited liability comparintment as registered agent and agree to act in this capallating to the proper and complete performance of my dutas registered agent as provided for in Chapter 605, F.S.	icity.

(CONTINUED)

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H200001106453

Title: "AMBR" "MGR" =	- Authorized Member	Name and Address:
MGR	Nininger	JACOBIK, OHAYON
IIIOIT		1835 NE MIAMI GARDENS DRIVE, # 180
		NORTH MIAMI BEACH, FL 33179
		110K111 MIN MIN BENOTI, 1 E 00 1/3
-		
		
CLEV: Effe effective date	thment if necessary) ctive date, if other than the is listed, the date must	date of filing:
CLE V: Effe effective date ite of filing.) If the date is	ctive date, if other than the is listed, the date must	e specific and cannot be more than five business days prior to or 90 days a not meet the applicable statutory filing requirements, this date will not be list
CLE V: Effe effective date te of filing.) If the date is comment's eff	ctive date, if other than the is listed, the date must	e specific and cannot be more than five business days prior to or 90 days a not meet the applicable statutory filing requirements, this date will not be list
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CLE V: Effe effective date te of filing.) If the date is seument's eff CLE VI: Oth	ctive date, if other than the is listed, the date must asserted in this block does ective date on the Depart of provisions, if any. ED SIGNATURE: Signature of This document is I am aware that an	e specific and cannot be more than five business days prior to of 90 days a not meet the applicable statutory filing requirements, this date will not be listed tent of State's records.
CLE V: Effe effective date te of filing.) If the date is seument's eff CLE VI: Oth	ctive date, if other than the is listed, the date must a serted in this block does ective date on the Departer provisions, if any. ED SIGNATURE: Signature of This document is I am aware that an constitutes a third	e specific and cannot be more than five business days prior to of 90 days a not meet the applicable statutory filing requirements, this date will not be list tent of State's records. A member or an authorized representative of a member. Recorded in accordance with section 605.0203 (1) (b). Florida Statutes, false information submitted in a document to the Department of State agree felony as provided for in s.817.155, F.S.
CLE V: Effe effective date te of filing.) If the date is seument's eff CLE VI: Oth	ctive date, if other than the is listed, the date must a serted in this block does ective date on the Departer provisions, if any. ED SIGNATURE: Signature of This document is I am aware that an constitutes a third	e specific and cannot be more than five business days prior to of 90 days a not meet the applicable statutory filing requirements, this date will not be list tent of State's records. Newer R. Amster a member or an authorized representative of a member. Recorded in accordance with section 605.0203 (1) (b). Florida Statutes. false information submitted in a document to the Department of State

\$ 5.00 Certificate of Status (Optional)