L2000105501

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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SECRETARY OF STATE
TALLAHASSEE, FL

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N CULLIGAN APR 21 2020

Advanced Incorporating Service

1317 California Street P.O. Box 20396 Tallahassee, FL 32316 Phone: 850-222-CORP Fax: 850-575-2724 Email: orders@aisincfl.com Website: www.aisincfl.com

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Bullet leaving CC	
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PICK ONE:	
CERTIFIED COPYPH	HOTOCOPYC.U.S.
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Of	
APOSTILLE/CERTIFICATION REQUEST:	
Country	
Amount of Documents	
DATE 4/20/20	TIME
Notes:	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

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SECRETARY OF STATE TALLAHASSEE, FL

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

ARTICLE II - Address:

<u>Princi</u>	oal Office Address:		Mailing Address:
640 N. Dixie Highw	ay, Unit 685	640	N. Dixic Highway, Unit 685
Hollywood, FL 330	20	Hol	lywood, FL 33020
another, business entity with an			You must designate an individual or
·	active Florida registration address of the registered	on.) d agent are:	
another business entity with an The name and the Florida street	active Florida registration	on.) d agent are:	
·	active Florida registration address of the registere Phillips, Cantor & S. 4000 Hollywood Bly	on.) d agent are: halek, PA Name vd., Suite 500 N	
·	active Florida registration address of the registere Phillips, Cantor & S	on.) d agent are: halek, PA Name vd., Suite 500 N	
·	active Florida registration address of the registere Phillips, Cantor & S. 4000 Hollywood Bly	on.) d agent are: halek, PA Name vd., Suite 500 N	

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..

(CONTINUED)

Registered Agent's Signature (REQUIRED)

ARTICLE IV-

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

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Men	nber
"MGR" = Manager	
MGR	Franklin Morris Rosenbaum
	640 N. Dixic Highway, Unit 685
	Hollywood, FL 33020
MCD	Michael Alexev Anastasvuk-Renaldo
MGR	640 N.Dixie Highway. Unit 685
	640 N.Dixie Highway. Unit 685 Hollywood, F1. 33020 APR LATA 2
	DE R
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(Use attachment if necessary	·)
•	
	than the date of filing: (OPTIONAL)
	must be specific and cannot be more than five business days prior to or 90 days after
e date of filing.)	
	ek does not meet the applicable statutory filing requirements, this date will not be listed a
e document's effective date on the l	Department of State's records.
RTICLE VI: Other provisions, if any	
	d purpose.
ie company may chease in any lega	1 parpose.
 	
REQUIRED SIGNATURE	: :
_	F C. Car
	1 2. 00/
	ture of a member or an authorized representative of a member.
	ent is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
	hat 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.
Jerak	J.C. Cantor
<u> </u>	Typed or printed name of signee

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)