

6/3/2020

Division of Corporations

L20000145893

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000166415 3)))



H200001664153ABCZ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.

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.****

Email Address: _____

**FLORIDA LIMITED LIABILITY CO.
9801 COLLINS HOLDINGS LLC**

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

FILED
2020 JUN -3 AM 10:39
TALLAHASSEE, FL
2020 JUN -3 PM 12:18
CLERK OF STATE

[Electronic Filing Menu](#)[Corporate Filing Menu](#)[Help](#)

H20000166415 3**COVER LETTER**

TO: New Filing Section
Division of Corporations

SUBJECT: 9801 Collins Holdings LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following.

Morris Gad

Name of Person

Firm/Company

9705 Collins Ave Apt 1201

Address

Bal Harbour FL 33154

City/State and Zip Code

jonathan@gkprops.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jonathan Tsur 917 8214247
Name of Person at () Area Code Daytime Telephone Number

Enclosed is a check for the following amount.

- ☒ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

SECRETARY OF STATE
TALLAHASSEE, FL

2020 JUN -3 AM 10:30

FILED

H20000166415 3

H20000166415 3

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

9801 Collins Holdings 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:

9705 Collins Ave Apt 1201
Bal Harbour FL 33154

Mailing Address:

5 Beech LN
Kings Point NY 11024

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:

Corporation Service Company
Name

1201 Hays Street
Florida street address (P.O. Box **NOT** acceptable)

<u>Tallahassee</u>	<u>FL</u>	<u>32301</u>
City	State	Zip

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.

Corporation Service Company

By Kadesha Roberson KADESHA ROBERSON, ASST. VICE PRESIDENT
Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
2020 JUN -3 AM 10:30
CLERK OF STATE
TALLAHASSEE, FL

H20000166415 3

H20000166415 3**ARTICLE IV-**

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

MGR _____

Morris Gad _____

9705 Collins Ave Apt 1201 _____

Bai Harbour 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 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:***Morris Gad***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.

Morris Gad _____

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)

2020 JUN -3 AM 10:30
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

H20000166415 3