120000186431

(Req	uestor's Name)	
(Address)		
(Address)		
(City	/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Gus	iness Entity Nam	e)
(Doc	ument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer:	
W20-69	5771	

Office Use Only



200347498282

TILED

1 1 2020

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 07/02/2020	_	**WAL	v na
ENTITY NAME 2740 C	OPERATING LLC	WAL	R #V
DOCUMENT NUMBER			
	PLEASE FILE	THE ATTACHED AND RETURN	
	Plain Copy		
XXXX	Certified Copy		
	Certificate of Status	s	
	Certified Copy of Ai Certificate of Good S		
	APOSTILLE'/	NOTARIAL CERTIFICATION	
COUNTRY OF DESTINA	TION		
NUMBER OF CERTIFICA	TES REQUESTED		
TOTAL OWED \$155.00)	ACCOUNT #: I20160000072	,
		S R FM	
Please roll Tim at t	ta akana mukan ta	any issues or concerns. Thank you so much!	

COVER LETTER

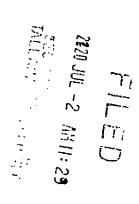
	New Filing Sec Division of Co			
SUBJEC		rating LLC		
SOBJEC	·	Name of Lim	nited Liability Company	
The enclo	sed Articles of	Organization and fee(s) are	submitted for filing.	
Please ret	urn all corresp	ondence concerning this ma	tter to the following:	
			Name of Person	
			Firm/Company	
			Address	
	BWechsler@		ity/State and Zip Code	
		E-mail address: (to be used	for future annual report notific	ation)
For further	information co	ncerning this matter, please	call:	
	Nan		ea Code Daytime Teleph	
Enclosed	is a check for t	he following amount:		
□\$125.0	0 Filing Fee	□S130.00 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)
	<u>Mailir</u>	ng Address	Street Address	

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

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE The name o	I - Name: f the Limited Liability (Company is:			
	2740 Operating LLC				
-		the words "Limited I	Liability Com	pany, "L.L.C.," or "LLC.	")
	II - Address: address and street addr	ess of the principal o	ffice of the Li	mited Liability Company	is:
	Principal (Office Address:		Mailing	Address:
	3101 South Oce	an Drive		3101 South Ocea	an Drive
_	Hollywood, Florid	la 33019		Hallywood, Florid	
The name and the Florida street address of the registered agent are: Ronen Glazer Name 3101 South Ocean Drive Florida street address (P.O. Box NOT acceptable)					
	_	Iollywood Florida 32 City	State	Zip	
laving 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 in the agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I im familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S /s/Ronen Glazer Registered Agent's Signature (REQUIRED)					
		registe	(CONTINU	·	



ARTICLE IV-

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
Manging Member	Ronen Glazer 3101 South Ocean Drive
	Hollywood Florida 33019
	17017, 11000 1 101110 35017
·	
~~	<u> </u>
· · · · · · · · · · · · · · · · · · ·	
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the (If an effective date is listed, the date must t the date of filing.)	date of filing:
	not meet the applicable statutory filing requirements, this date will not be listed as
the document's effective date on the Departr	nent of State's records.
ADTICLE VI COL.	
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	
/s/Ronen Glazer	
Signature of	a member or an authorized representative of a member.
This document is ex	secuted in accordance with section 605,0203 (1) (b). Florida Statutes
I am aware that any constitutes a third d	false information submitted in a document to the Department of State egree felony as provided for in s.817.155, F.S.
constraints a time of	egree retory as provided for itrasary. 135, F.S.
Ronen Glaze	
	Typed or printed name of signee

4 - - -

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)