

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6381

From:

Account Name : SORSHER & ASSOCIATES, LLC.  
Account Number : 120170000050  
Phone : (954)842-2931  
Fax Number : (954)842-2936

\*\*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.  
IDN ENTERPRISES, LLC.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

2020 JUL 27 PM 12:21  
FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FL

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DIVISION OF CORPORATIONS  
COMMERCIAL  
SERVICES

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COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: IDN ENTERPRISES, 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:

NEW, ISSER

Name of Person

IDN ENTERPRISES, LLC.

Firm/Company

9156 HARDING AVE

Address

SURFSIDE, FL 33154

City/State and Zip Code

isscrnewmtl@gmail.com

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

For further information concerning this matter, please call:

NEW, ISSER

917

620-2451

at (

Name of Person

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

DEPT. OF STATE  
TALLAHASSEE, FL

2020 JUL 27 PM 12:21

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

IDN ENTERPRISES, 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:

9156 HARDING AVE  
SURFSIDE, FL 33154

9156 HARDING AVE  
SURFSIDE, FL 33154

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:

NEW, ISSER

Name

9156 HARDING AVE

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

SURFSIDE

FL.

33154

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..*

Isser New

Registered Agent's Signature (REQUIRED)

(CONTINUED)

CLERK OF STATE  
TALLAHASSEE, FL

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**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

"MGR" = Manager

AMBR \_\_\_\_\_

NEW, ISSER  
9156 HARDING AVE  
SURFSIDE, FL 33154

AMBR \_\_\_\_\_

NEW, ELIEZER DOVID  
9156 HARDING AVE  
SURFSIDE, FL 33154

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(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:**

*Isser New*

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.

NEW, ISSER \_\_\_\_\_

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)

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TALLAHASSEE, FL