# Electronic Filing Cover Sheet

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.

(((H20000298554 3)))



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 : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : 120000000146

Phone : (305)444-4994

Fax Humber

: (305)444-4977

\*\*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.

#### WI 1702 LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help

FILED

2020 AUG 27 PH 4: 45

### ARTICLES OF ORGANIZATION

<u>of</u>

TALLAHASSEE FEET

#### WI 1702 LLC

#### ARTICLE I

The name of the limited liability company is WI 1702 LLC

#### **ARTICLE II**

The address of the principal office and the mailing address of the limited liability company is:

c/o 255 Alhambra Circle Suite 500 Coral Gables, FL 33134

#### ARTICLE III

The purpose for which this Limited Liability Company is organized is any and all lawful business.

#### ARTICLE IV

The name and the Florida street address of the registered agent of the limited liability company is:

ARAGON REGISTERED AGENTS, INC. 255 Alhambra Circle Suite 500 Coral Gables, FL 33134

Having been named as the 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.

Date: 8/26/2020

Registered Agent's Signature

#### ARTICLE V

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

Title:

Name and Address:

Manager

ABRAHAM ABADI TAWIL c/o 255 Alhambra Circle

Suite 500

Coral Gables, FL 33134

Manager

SILVIA CHEREM DE ABADI

c/o 255 Alhambra Circle

Suite 500

Coral Gables, FL 33134

In accordance with section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

Authorized Signee:

ARRAHAM ABADI TAWII

SILVIA CHEREM DE ABADI