## L20000284361

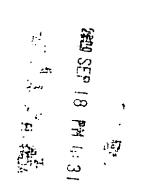
| (Requestor's Name)                      |
|---|
| (Address)                               |
|   |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Document Number)                       |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| Special instructions to Filing Officer. |
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## **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

| Liveh Areme Development CLC                          |
|--|
|  |
| FOR OFFICE USE ONLY                                  |
| PICK ONE:  |
| CERTIFIED COPYPHOTOCOPYC.U.S.                        |
| FILING:  |
| CORPORATIONLLCLIMITED PARTNERSHIPGENERAL PARTNERSHIP |
| FICTITIOUS NAMESERVICEMARK/TRADEMARKAMENDMENT        |
| FOREIGN QUALIFICATIONJUDGMENT LIEN                   |
| OTHER  |
| RETRIEVAL:   |
| GOOD STANDING CERT/C.U.SCERTIFIED COPYPHOTOCOPY      |
| Of   |
| APOSTILLE/CERTIFICATION REQUEST:                     |
| Country  |
| Amount of Documents                                  |
| DATE 9/18/20 TIME                                    |
| Notes:   |

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

| The name of the Limited Liabilit  | y Company is:           |                            |                       |                            |       |                        |
|---|-------------------------|----------------------------|-----------------------|----------------------------|-------|------------------------|
|   |                         |                            |                       |                            |       |                        |
| Larch Avenue Develo   | opment LLC              |                            |                       |                            | _     |                        |
| (Must cont  | ain the words "Limited  | d Liability Company,       | "L.L.C.," or "LLC.")  |                            |       |                        |
| . Portor par  |                         |                            |                       |                            |       |                        |
| ARTICLE II - Address:   | 14                      | -6064                      | Titue o               |                            |       |                        |
| The mailing address and street ac   | agress of the principal | office of the Limited      | Liability Company is: |                            |       |                        |
| Principal Office Address:   |                         |                            | Mailing Addre         | <u>ess</u> :               |       |                        |
| 136 N.Martel Avenue   | ;                       | 136                        | N. Martel Avenue      |                            |       |                        |
| Los Angeles, CA 900   | 36                      | Los                        | Angeles, CA 90036     |                            |       |                        |
|   |                         |                            |                       |                            |       |                        |
| ARTICLE III - Registered Age<br>(The Limited Liability Company<br>another business entity with an a | cannot serve as its ow  | n Registered Agent. \      |                       | ividual or                 |       |                        |
| The name and the Florida street address of the registered agent are:                                |                         |                            |                       | 2020 SEP                   |       |                        |
|   | Phillips, Cantor & S    | Shalek, PA                 |                       |                            | Ϋ́    |                        |
|   |                         | Name                       |                       | ر<br><del>بر</del><br>که د | 8     | 14 (1572)<br>14 (1572) |
|   | 4000 Hollywood Bl       | vd., Suite 500 N           |                       | LAHASSE                    |       | THUE                   |
|   |                         | ss (P.O. Box <u>NOT</u> ac | cceptable)            | FR 5<br>[F]                | P# I  | ر<br>استار<br>استار    |
|   |                         |                            |                       |                            | -i    | -                      |
|   | Hollywood               | FL                         | 33021                 | <u> </u>                   | կ։ կ9 |                        |

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

## 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;   |
|--|---|
| <u>MGR</u>   | Michael Curcio 136 N. Martel Ave. Los Angeles. CA 90036   |
| <del></del>  |   |
|  |   |
|  |   |
| (Use attachment if necessary)  |   |
| If an effective date is listed, the date must<br>he date of filing.) | be specific and cannot be more than five business days prior to or 90 days after s not meet the applicable statutory filing requirements, this date will not be listed as tment of State's records.   |
| ARTICLE VI: Other provisions, if any.                                |   |
| REOUIRED SIGNATURE:  |   |
| This document is I am aware that an                                  | f a member or an authorized representative of a member. executed in accordance with section 605.0203 (1) (b), Florida Statutes. y false information submitted in a document to the Department of State degree felony as provided for in s.817.155, F.S. |
| Jerald C. C.   | 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)