

9/24/2020

**L20000293625**

Florida Department of State  
Division of Corporations  
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**To:**

Division of Corporations  
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**From:**

Account Name : BELOFF LAW, P.A.  
Account Number : I20080000060  
Phone : (305)673-1101  
Fax Number : (305)673-5505

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: SHERRY@BELOFFLAW.COM

**FLORIDA LIMITED LIABILITY CO.  
1500 W 21, LLC**

Certificate of Status	1
Certified Copy	1
Page Count	03
Estimated Charge	\$160.00

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H. MASSIE

**ARTICLES OF ORGANIZATION  
FOR  
1500 W 21, LLC  
a Florida limited liability company**

The undersigned, desiring to form a limited liability company for the purposes set forth herein and in conformance with the Florida Limited Liability Company Act, does hereby establish the following:

**ARTICLE I- NAME:**

The name of the limited liability company is: **1500 W 21, LLC**

**ARTICLE II- ADDRESS:**

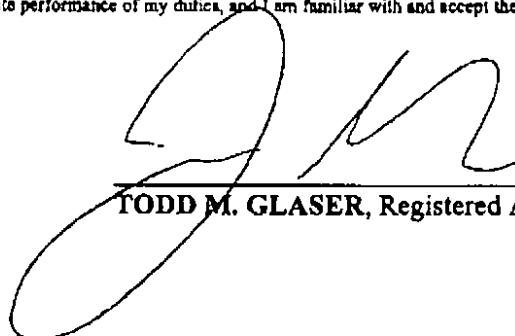
The address of its principal place of business, as well as the mailing address for this limited liability company is: **3681 FLAMINGO DR., MIAMI BEACH, FL 33140**

**ARTICLES III- REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT'S SIGNATURE**

The name and the Florida address of the registered agent are:

**TODD M. GLASER, 3681 FLAMINGO DR., MIAMI BEACH, FL 33140**

Having been named as registered agent and to accept service of process for the above state 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.

 9/24/20  
\_\_\_\_\_  
TODD M. GLASER, Registered Agent

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ARTICLE IV

This is a Member managed Company. The name and address of each person authorized to manage and control the Limited Liability Company:

TITLE:

NAME AND ADDRESS:

MEMBER/MANAGER

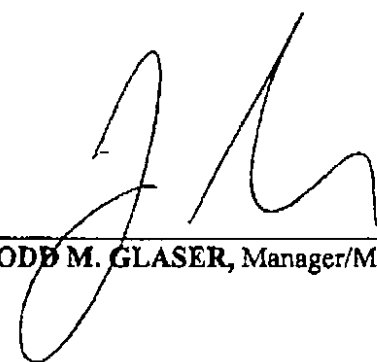
TODD M. GLASER  
3681 FLAMINGO DR.  
MIAMI BEACH, FL 33140

ARTICLE -V - Effective Date, if other than the date of filing:

(Optional)

ARTICLE- VI- Other provisions, if any.

REQUIRED SIGNATURE:

By:  9/24/20  
TODD M. GLASER, Manager/Member

*(In accordance with Section 605.0203 (1)(b), Florida Statute, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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 817.155, F.S.)*