

11/3/2020

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

From: Account Name : FELDMAN & ASSOCIATES
Account Number : 120130000018
Phone : (305)931-8433
Fax Number : (866)856-1462

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

Email Address: paul@feldmanclosings.com

FLORIDA LIMITED LIABILITY CO.
903 Collins LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

903 COLLINS 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:

10101 COLLINS AVE 9C
BAL HARBOR, FL 33154

Mailing Address:

10101 COLLINS AVE 9C
BAL HARBOR, 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:

Paul Feldman, P.A.

Name

2750 NE 185th Street, Suite 203

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

Aventura

FL

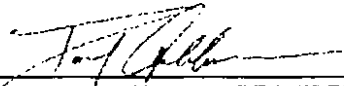
33180

City

State

Zip

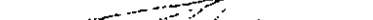
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in ~~his~~ capacity. I further agree to comply with the provisions of 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, FS


Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FLORIDA

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

REQUIRED SIGNATURE: 

Typed or printed name of signee