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FLORIDA FILING & SEARCH SERVICES, INC.

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PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 1/12/2021

NAME: ISLAND 1000 REALTY HOLDINGS LLC

TYPE OF FILING: ARTICLES

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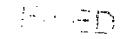
ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

Cethrie Hodge

COVER LETTER

	New Filing Sec Division of Co				
SUBJEC	CT:	Name of Lim	uited Liability Company		
The encl	osed Articles of	Organization and fee(s) are	submitted for filing.	•	
Please re	turn all correspo	ondence concerning this ma	tter to the following:		
			Name of Person		
	Firm/Company Address				
City/State and Zip Code					
			GSBUILDINGS.COM for future annual report notification	ion)	
For further	information co	ncerning this matter, please	call:		
	Nam	at (at (rea Code Daytime Telephon	e Number	
Enclosed	is a check for t	he following amount:			
□\$125.0	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)	
	New F Division P.O. B	ng Address iling Section on of Corporations ox 6327	Street Address New Filing Section Der The Centre of Tallaha 2415 N. Monroe Street Tallahassee, FL 3230	assee et, Suite 810	



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SECRETA OF STATE TALLA MARSEZ, FL

ISLAND 1000 REALTY HOLDINGS 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:
3990 HYDE PARK CIRCLE	3990 HYDE PARK CIRCLE
HOLLYWOOD, FL 33021	HÖLLYWOOD, FL 33021

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:

ODELIA BERLIA	ANSHIK				
Name					
3990 HYDE PARK CIRCLE					
Florida street address (P.O. Box NOT acceptable)					
HOLLYWOOD,	FL	33021			
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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	ODELIA BERLIANSHIK
	3990 HYDE PARK CIRCLE
	HÖLLYWÖÖD, FL 33021
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	SEORET JAN
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(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the d	late 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.)	
	ot meet the applicable statutory filing requirements, this date will not be listed a
the document's effective date on the Departme	ent of State's records.
ARTICLE VI: Other provisions, if any.	
ARTICLE VI. Oulei provisions, it any.	
	
REQUIRED SIGNATURE:	
	Benk
	member or an authorized representative of a member.
	ecuted in accordance with section 605.0203 (1) (b), Florida Statutes.
I am aware that any f	alse information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S.
ODI	ELIA BERLIANSHIK
_	Typed or printed name of signee
, , , , , , , , , , , , , , , , , , ,	Filing Fees:
\$125.00 Filing Fee for Articles of	Organization and Designation of Registered Agent

as

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

ARTICLE IV-

\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)