121000021242

equestor's Name)						
ddress)						
ddress)						
ity/State/Zip/Phone	#)					
MAIT	MAIL					
(Business Entity Name)						
(Document Number)						
Certificates	of Status					
Special Instructions to Filing Officer:						
	ddress) ity/State/Zip/Phone WAIT usiness Entity Nam occument Number) Certificates					

Office Use Only



000358706330

01/25/21--01604--016 **125.00

2021 JAN 22 PM 1:55

2021 JAN 22 AH II. S.

CORPORATE ACCESS,

When you need ACCESS to the world

INC.

236 East 6th Avenue, Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

021			VV A	ALK IN			
		PICK	UP:	01/22/2021			
		CERTIFIED COPY					
	XX	РНОТОСОРУ	· 		·		
		CUS		<u>.</u>			
	xx	FILING	LLC				
	1.	11870 N Central Expressway, (CORPORATE NAME AND DOCUM					
	2.	(CORPORATE NAME AND DOCUM	ENT#)			·	
	3.	(CORPORATE NAME AND DOCUM	ENT#)				
	4.	(CORPORATE NAME AND DOCUM	 ENT #)		·		
	5 .	(CORPORATE NAME AND DOCUM	 ENT #)				
	ó	CORPORATIVALATI				-	_
	6. SPECIAI INSTRU	(CORPORATE NAME AND DOCUM					

Articles of Organization For Florida Limited Liability Company

Article I

The name of the Limited Liability Company is:

11870 N Central Expressway, LLC

Article II

The street address of the principal office of the Limited Liability Company is:

6218 North Federal Highway Fort Lauderdale, FL 33308

The mailing address of the Limited Liability Company is:

6218 North Federal Highway Fort Lauderdale, FL 33308

The email address to receive notifications from the Florida Department of State is:

nancy@negproperty.com

Article III

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

Joseph A. Porrello, Esq. 7700 N. Kendall Drive Suite 602 Miami, FL 33156

Having been named as registered agent and to accept service of the 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.

Registered agent signature: /s/ Joseph A. Porrello, Esq.

Article IV

The Limited Liability Company will be a manager-managed company. The name and address of person authorized to manage Limited Liability Company is:

Ira Lang Title: Manager 6218 North Federal Highway Fort Lauderdale, FL 33308

Signature of member or an authorized representative: /s/ Ira Lang

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.