Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

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

Email Address:___

FLORIDA LIMITED LIABILITY CO. 26 Brody BH LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

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Help

T. BURCH JAN 26 2021

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED HABILITY COMPANY

		The same of the sa			
ARTICLE I - Name:					
The name of the Limited Liability Company is:					
a wife discounty company is.					
26 000000000000000000000000000000000000					
26 BRODY BHILLC					
(Must contain the words "Limited	Liability C	ompany, "L.L.C.," or "Ll.C.")	* * * * * * * * * * * * * * * * * * * *		
ARTICLE II - Address:					
The mailing address and street address of the principal of	office of the	Linuted Liability Communica			
	, , , , , , , , , , , , , , , , , , ,	connect emonity Company is:			
Principal Office Address:		Mailing Address:			
800 SE 4TH A VENUE		· -			
SUITE 704		SUITE 704			
HALLANDALE BEACH, FL 33009		HALLANDALE BEACH, FL 33009			
ARTICLE III - Registered Agent, Registered Office,	& Register	ed Agent's Signature:	-4		
(The Limited Liability Company cannot serve as its own another business entity with an active Plorida registration	Registered	Agent. You must designate an individual or	_ ≥∽ §	3	
momes outshess entity with an active I forida registration	11.)		- [-[5]	2	
The name and the Florida street address of the registered	Ottomation and the		- A e S	- 1	
the facilities of the facilities	agent are:		AS		
EZEQUIEL PISCHE	R. CPA		SS	7071 15H 25	
	Name		[7]	F4-4	
1100 CD 1001					
800 SE 4TH AVENU	<u>6. SUITE 7</u>	04			
Florida street address	(P.O. Box <u>I</u>	NOT acceptable)	STATE DRID/	_	
HALLANDALE BEA	CH FL	33009	STATE FLORIDA	5	•
City	State	Zip	-		
·		•			
wing been named as registered opens and to account movies					

laving 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 across whele for in Chapter 605, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:		
MGR	ANDRES JORGE BRODY 800 SE 4TH AVENUE, SUITE 704 HALLANDALE BEACH, FL 33009	• •	
	TALLAHASS	2 NVF 1203	:
	E C C C C C C C C C C C C C C C C C C C	5 MH 9: 40	ï
(Use attachment if necessary)			
I an effective date is listed, the date must be sp ie date of filing.)	e of filing: ———————————————————————————————————	-	
RTICLE VI: Other provisions, if any.	or state's records.		
REQUIRED SIGNATURE:	,		
SIGNATURE:			
I his document is execut I am aware that any false	ember or an authorized representative of a member. led in accordance with section 605.0203 (1) (b), Florida Statutes, information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.		
Alex Gipuly	NIK, Authorized Representative Typed or printed name of signed		

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)