

L210000 26042

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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2021 JAN 27 PM 2:02

2021 JAN 27 AM 9:59



Department of State

Division of Corporations

Date: 01/²⁷~~18~~/2021

American Expediting (Stealth Courier)

1531 Commonwealth Business Dr.

Ste 105

Tallahassee, Fl. 32303

850-294-5632

Stealth Courier Box

Amendment

Company: 7504 W Treasure LLC

Requester: Greenspoon Marder

12937346

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: 7504 W Treasure, LLC

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Natasha Cosio

Name of Person

Greenspoon Marder LLP

Firm/Company

600 Brickell Avenue, STE 3600

Address

Miami, FL 33131

City/State and Zip Code

John Navarro: john@johnnavarro.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Natasha Cosio	305	789-2770
_____ Name of Person	_____ Area Code	_____ Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input checked="" type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|--|---|---|

Mailing Address

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

7504 W Treasure, 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:

7504 W Treasure Dr.

North Bay Village, FL 33141

Mailing Address:

7315 Allen Dr.

Hollywood, FL 33024

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:

John A. Navarro, PA

Name

7315 Allen Dr.

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

Hollywood

FL

33024


City

State

Zip

2001 JAN 27 AM 9:59

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)

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

MGR

PMI Management Group, LLC

8 The Green, STE A

Dover, DE 19901

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: January 25, 2021. (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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

Any and all lawful business.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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 s.817.155, F.S.

Natasha Cosio of Greenspoon Marder LLP- Authorized Representative

Typed or printed name of signee

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)