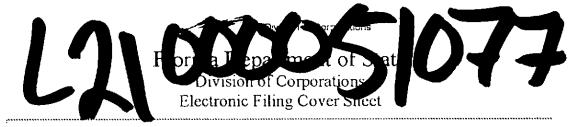
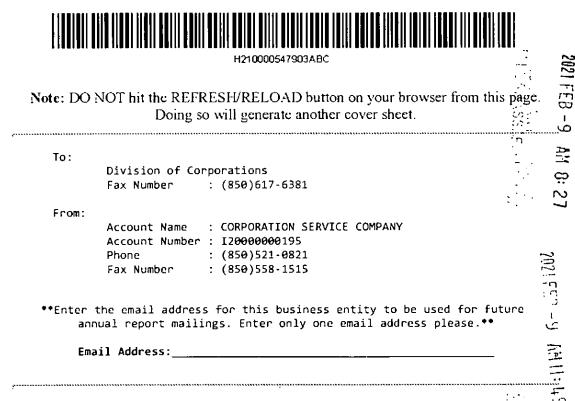
2/9/2021



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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FLORIDA LIMITED LIABILITY CO. PALAZZO POOL LLC

Certificate of Status	0
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Page Count	03
Estimated Charge	\$125.00

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COVER LETTER

	ew Filing Section vision of Corporations			
SUBJECT	Palazzo Pool LLC		77. [7]	2021 FEB
30100101	Name of Limited I	iability Company	- WASEE	E
The enclosed Articles of Organization and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following.				-9 AM 8: 27
		CD.	· ·	_
	Na	me of Person		
	Meister Seelig & Fein LLP			
	Fir	m/Company		_
	125 Park Avenue 7th Floor			
	-	Address		_
	New York, NY 10017			
	City/St clr@msf-law.com	ate and Zip Code		
	E-mail address: (to be used for fu	ture annual report notificati	ion)	_
For further i	nformation concerning this matter, please call:			
	at ()		
	Name of Person Area Co	ode Daytime Telephon	e Number	
Enclosed i	s a check for the following amount.			
□\$125.00	Certificate of Status (□\$155.00 Filing Fee & Certified Copy ditional copy is enclosed)	☐\$160.00 Filing Fe Certificate of Status Certified Copy (additional copy is enc	Ŀ
	Mailing Address	Street Address		
	New Filing Section Division of Corporations	New Filing Section Di The Centre of Tallaha		

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

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

3/004

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED HABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is: Palazzo Pool LLC (Must conatin 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: 7350 Biscayne Blvd 7350 Biscayne Blvd Miami, FL 33128 Miami, FL 33128 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: Corporation Service Company Name 1201 Hays Street Florida street address (P.O. Box NOT acceptable) Tallahassee

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 tions of my position as registered us

Corporation Service Company am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

State

City

Registered Agent's Signature (REQUIRED)

(CONTINUED)

as

4/004

AR	TI	C	LE	I	V	-

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

Title:	Name and Address:	
"AMBR" - Authorized Member "MGR" - Manager		
AMBR	50 Eggs Restaurant Concepts LLC	
	7350 Biscayne Blvd Miami, FL 33128	
	202 1	
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	771	ļ.
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If an effective date is listed, the date must be the date of filing.)	date of filing:	
ARTICLE VI: Other provisions, if any.		_
REOUIRED SIGNATURE:	R.,	-
Signatural	a member or an authorized representative of a member.	
This document is e I am aware that any	xecuted in accordance with section 605 0203 (1) (b), Florida Statutes. refiles information submitted in a document to the Department of State legree felony as provided for in s.817.155, F.S.	
Jessica Triai	na	
	Typed or printed name of signee	
	Village Faces	

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)