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**COVER LETTER**

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** 777 S. Federal HWY APT 108-N, 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:

Ryan Smollar

Name of Person

Elder Law, P.A.

Firm/Company

301 E. Ocean Avenue, Suite 2

Address

Lantana, Florida 33462

City/State and Zip Code

rsmollar@elderlawfl.com

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

For further information concerning this matter, please call:

Ryan Smollar

561

588-7512

at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$125.00 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)

**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

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

777 S. Federal HWY APT 108-N, 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:**

777 S. Federal HWY APT 108-N  
Pompano Beach, FL 33062

**Mailing Address:**

1501 SW 17th St  
Boca Raton, FL 33486

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:

Ryan Smollar

Name

807 1/2 Kanuga Drive

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

West Palm

FL

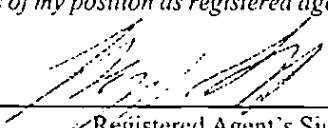
33401

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)

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**ARTICLE IV-**

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

Manager

Ramzi Gedoun  
1501 SW 17th St  
Boca Raton, FL 33486

Authorized Member

Elina Gedoun  
1501 SW 17th St  
Boca Raton, FL 33486

Member Carol Rizk

1747 Lincolnshire Drive  
Rochester Hills, Michigan 48309

(Use attachment if necessary)

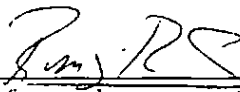
**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(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.)

**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.

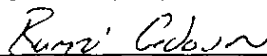
**ARTICLE VI:** Other provisions, if any.

**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.



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)

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CLERK OF THE COURT  
STATE OF FLORIDA  
TALLAHASSEE

777 S. Federal HWY APT 108-N, LLC

Florida

Ramzi Gedoun

Gedoun Family Trust

Trust date: Jan 19<sup>th</sup> 2021

**LIMITED LIABILITY COMPANY OPERATING AGREEMENT ADDENDUM FOR 777 S.  
FEDERAL HWY APT 108-N, LLC, A LIMITED LIABILITY COMPANY**

1. The Member(s) have formed a Limited Liability Company ("Company") according to the laws of the State of FLORIDA and this addendum is entered into and effective as of the date it is adopted by the member(s) as stated below.
2. The Company shall act under the rules stated in the Operating Agreement and by the laws of the State of FLORIDA with respect to any matters not otherwise stated in this addendum.
3. **Directives at the death of the Member/Manager with majority ownership interest.** At the time of death of RAMZI GEDOUN, the Company and all of its assets, bank accounts, insurances, warranties, contracts shall be transferred and inure to the GEDOUN FAMILY TRUST u/a/d 1/19/21. Further, all managerial rights, operating duties and responsibilities, and other decision making powers shall transfer to ELINA GEDOUN.
4. All other sections of the LLC Operating Agreement remain in full force and effect.

Signed, sealed and delivered on this 19<sup>th</sup> day of Jan, 2021 in the presence of:

[Signature]  
Witness Name: Sheryl Heby

[Signature]  
Witness Name: Cecilia Lugo

STATE OF FLORIDA  
COUNTY OF Palm Beach

[Signature]  
RAMZI GEDOUN  
21 JAN 22 PM 1:32  
NOTARY PUBLIC

The foregoing instrument was acknowledged before me by means of ☒ physical presence or ☐ online notarization, this 19 day of January, 2021, by

CLIENT NAME:

Ramzi Gedoun

[Signature]  
Signature of Notary Public - State of Florida  
Print, type, or stamp commissioned name of Notary Public

**CIRCLE ONE:** Personally Known OR Produced Identification  
Type of Identification Produced: Produced

