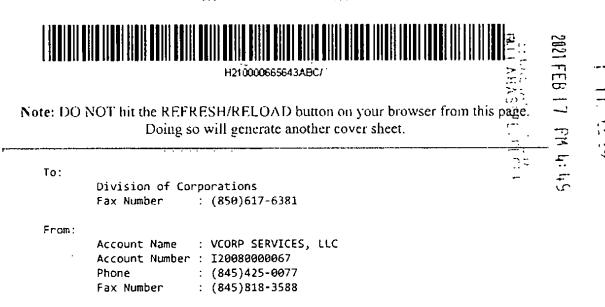
Division of Corporations **Electronic Filing Cover Sheet**

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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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. 2140 S Miami LLC

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

BUC 2/18/21

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is: (Must end with 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: 20200 W Dixie Hwy, Suite 605A 20200 W Dixic Hwy, Suite 605A Miami, FL 33180 Miami, FL 33180 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: David Salamon Name 20200 W Dixie Hwy, Suite 605A Florida street address (P.O. Box NOT acceptable) Miami 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)

Page 1 of 2

DT	CL	17	117

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

Title: "AMBR" = Authorized Member	Name and Address:			
"MGR" = Manager AMBR	David Salamon 20200 W Dixie Hwy, Suite 605A Miami, FL 33180			
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the date of filing.)	nd cannot be more than five business days prior to or 90 days after applicable statutory filing requirements, this date will not be listed as			
ARTICLE VI: Other provisions, if any.				
REQUIRED SIGNATURE:	Adr			
This document is executed in a I am aware that any false inform	or an authorized representative of a member, coordance with section 605.0203 (1) (b), Florida Statutes, nation submitted in a document to the Department of State via sprovided for in s.817.155, F.S.			

Filing Fees:

Typed or printed name of signce

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

David Salamon

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