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Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301 850.656.7956

Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com

ORDER FORM

To Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Moreau mmoreau@incserv.com 850.656.7953

REQUEST_DATE 3/4/21 ORDER	PRIORITY Routine	OUR REF_# (Order ID#) MAM
ENTITY		
Eichel Hyman Partners Fund 1 LLC		
PLEASE PERFORM THE FOLLOW	NG SERVICES:	
Eichel Hyman Partners Fund 1 LLC Please file the attached articles.		
NOTES:		
\$125.00 Authorized		
Email address for annual report r	eminders: jeff@irsolutions.d	com
RETURN/FORWARDING INSTRU ACCOUNT NUMBER: 120050000052	CTIONS:	
Please bill the above referenced acco	unt for this order.	
If you have any questions please con	tact me at 656-7956,	
Sincerely,		

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Thursday, March 4th 2021 Page 1 of 1

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	Partners Fund 1 LLC			
(Mus	t contain the words "Limited	Liability Company,	"L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and st	reet address of the principal o	ffice of the Limited	Liability Company is:	
Principal Office Address:			Mailing Address:	
14041 NW 8th Street		1404	1 NW 8th Street	
Sunrise, FL 33325		Sunr	ise. FL 33325	
·	th an active Florida registration treet address of the registered			
	Incorporating Service	es, Ltd.		
		Name		
	1540 Glenway Drive	•		
	Florida street addres	s (P.O. Box <u>NOT</u> ac	cceptable)	
	Tallahassee	FL	32301	
	A CONTRACTOR OF THE PROPERTY O	State	Zip	
iving been named as regist	City tered agent and to accept servi		above stated limited liability company at	the
ace designated in this certif rther agree to comply with	tered agent and to accept servi ficate. I hereby accept the app the provisions of all statutes ro the obligations of my position	ice of process for the ointment as registerc elating to the proper as registered agent c	ed agent and agree to act in this capacity. and complete performance of my duties, a as provided for in Chapter 605, F.S.,	1
lace designated in this certif orther agree to comply with	tered agent and to accept servi ficate. I hereby accept the app the provisions of all statutes ro the obligations of my position	ice of process for the ointment as registerc elating to the proper as registered agent c	ed agent and agree to act in this capacity. and complete performance of my duties, a us provided for in Chapter 605, F.S., ure (REQUIRED)	l and l

ARTICLE IV-

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	
<u>MGR</u>	Jeff Eichel
	5330 Hancock Road Southwest Ranches, FL 33330
	Southwest Ranches, FL 33330
MGR	James Hyman
	22 Laurel Grove Ave
	Kentfield, CA 94904
(Use attachment if necessary)	
(If an effective date is listed, the date must h the date of filing.)	date of filing:
Signature of This document is end I am aware that any	a member or an authorized representative of a member. Accuted in accordance with section 605.0203 (1) (b), Florida Statutes. False information submitted in a document to the Department of State egree felony as provided for in s.817.155, F.S.
Jett Elenei	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)

2021 History 6:411:53