

## Florida Department of State

Division of Corporations

**2100009193**

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To:

Division of Corporations  
Fax Number : (850)617-6381

From:

Account Name : CAPITOL SERVICES, INC.  
Account Number : I20160000017  
Phone : (855)498-5500  
Fax Number : (800)432-3622

**\*\*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.  
INVESTORS OF 1111, LLC**

\*\*\*PLEASE GIVE ORIGINAL  
SUBMISSION DATE AS THE FILE  
DATE 3/4/21\*\*\*\*\*

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

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OF FLORIDA

3/10/21  
521

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## COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: Investors of 1111, 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:

HOWARD B. NADEL

\_\_\_\_\_  
Name of Person

HOWARD B. NADEL, P.A.

\_\_\_\_\_  
Firm/Company

301 W. HALLANDALE BEACH BLVD

\_\_\_\_\_  
Address

HALLANDALE BEACH, FLORIDA 33009

\_\_\_\_\_  
City/State and Zip Code

HNADL@RNFLAW.COM

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

For further information concerning this matter, please call:

HOWARD NADEL

954

455-5100

\_\_\_\_\_  
Name of Person

at (

\_\_\_\_\_) 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 of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

Investors of 1111, 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:

822 NE 125th Street

Suite 100

Miami, Florida 33161

Mailing Address:

822 NE 125th Street

Suite 100

Miami, Florida 33161

## ARTICLE III - Registered Agent, Registered Office, &amp; 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:

HOWARD B. NADEL, P.A.

Name

301 W. HALLANDALE BEACH BLVD.

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

HALLANDALE BEACH FLORIDA

33009

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.*

[Signature]  
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:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

**Name and Address:**

SEBASTIEN SCEMLA

822 NE 125th Street, Suite 100

Miami, Florida 33161

(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.

To engage in any and all lawful business permitted under the laws of the United States and the State of Florida  
The limited liability company shall be manager managed

**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 signer

SEBASTIEN SCEMLA

**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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