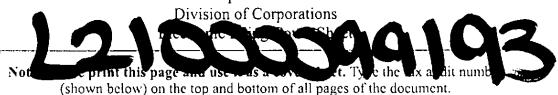
Florida Department of State



(((H210000887163)))



H210000887163ABC0

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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
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COVER LETTER

	w Filing Section vision of Corporations			
SUBJECT:	Investors of 1111, LLC			
	Name of	Limited Liabil	lity Company	
The enclose	d Articles of Organization and fee(s)	are submitted	for filing.	
Please return	n all correspondence concerning this	matter to the	following:	
	HOWARD B. NADEL			
-		Name of	Person	
	HOWARD B. NADEL, P.A.			
•		Firm/Co	ompany	
_	301 W. HALLANDALE BEACH B	LVD		
	-	Addr	ess	
	HALLANDALE BEACH, FLORID	A 33009		
н	INADEL@RNFLAW.COM	City/State an	d Zip Code	
_	E-mail address: (10 be us	ed for future a	аплиа! report notification)	
For further inf	formation concerning this matter, ple	ase call:		
H	HOWARD NADEL	954	455-5100	
	Name of Person	Area Code	Daytime Telephone Number	
Enclosed is a	a check for the following amount:			
\$125.00 Fili	ng Fee \$130.00 Filing Fee & Certificate of Status	Certific	20 Filing Fee & \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	3
	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	TI 50

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 Li	ability Company, "	L.L.C.," or "LLC.")
ARTICLE II - Address:			,
The mailing address and street addr	ess of the principal offi	ica of the Limited L	inhiling Community
	ess of the principal offi	ice of the Ellitted L	clability Company is:
Principal 6	Office Address:		Mailing Address:
822 NE 125th Street		822 N	E 125th Street
Suite 100		Suite	
Miami, Florida 33161			i, Florida 33161
(The Limited Liability Company car another business entity with an acti The name and the Florida street add	ve Florida registration. ress of the registered a HOWARD B. NADEL) gent are:	ou must designate an individual or
3	01 W. HALLANDAL	F REACH BLVD	
	Florida street address (
<u>1</u>	IALLANDALE BEAC	CH FLORIDA	_ 33009
	City	State	Zip
piuce acsignatea in inis certificate. I hi	ereby accept the appoint sions of all statutes rela ations of my position as Rogistale	timent as registered timents the proper a	/

2021 MAR -4 AM 11: 34 STATE

Title: "AMBR" = Authorized Member "MGR" = Mmager	horized to manage and control the Limited Liability Company: Name and Address:
MGR	SER A STIEN CORNEL
— —	SEBASTIEN SCEMLA 822 NE 125th Street, Suite 100
	Miami, Florida 33161
	
(Use attachment if necessary) ICLE V: Effective date, if other than the date of	filing:
ICLE V: Effective date, if other than the date of a effective date is listed, the date must be specifiate of filing.) If the date inserted in this block does not mee ocument's effective date on the Department of SICLE VI: Other provisions, if any.	fic and cannot be more than five business days prior to or 90 days after at the applicable statutory filing requirements, this date will not be listed as State's records.
ICLE V: Effective date, if other than the date of a effective date is listed, the date must be specifiate of filing.) If the date inserted in this block does not mee ocument's effective date on the Department of Siccle VI. Other provides.	fic and cannot be more than five business days prior to or 90 days after at the applicable statutory filing requirements, this date will not be listed as State's records.
ICLE V: Effective date, if other than the date of a effective date is listed, the date must be specifiate of filing.) If the date inserted in this block does not mee ocument's effective date on the Department of Sicce VI: Other provisions, if any. ICLE VI: Other provisions, if any. Ingage in any and all lawful business permitted us imited liability company shall be manager manager. REQUIRED SIGNATURE:	fic and cannot be more than five business days prior to or 90 days after at the applicable statutory filing requirements, this date will not be listed as State's records.

\$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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