

Florida Department of State
Division of Corporations
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(((H21000105523 3)))



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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.
PARTNERS OF 777 NE 125TH ST, LLC

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Page Count	04
Estimated Charge	\$125.00

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Electronic Filing Menu

Corporate Filing Menu

Help

H21000105523 3

COVER LETTER

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

SUBJECT: PARTNERS OF 777 NE 125TH ST, 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

HNADEL@RNFLAW.COM

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

For further information concerning this matter, please call:

HOWARD NADEL at **954** **455-5100**
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 of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

H21000105523 3

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

PARTNERS OF 777 NE 125th ST, 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, & 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.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

H21000105523 3

H21000105523 3

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:

JOHN LAGO

822 NE 125th Street, Suite 100

Miami, Florida 33161

MGR

SEBASTIEN SCHMLA

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:

Sebastien Scamba

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.

Sebastien Scamba

Typed or printed name of signer

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)