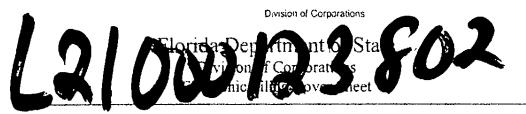
2021-03-25 13:51:07 GMT

13053284774

From: Yanet Avila

3/25/2021



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.

(((H21000120106 3)))



H210001201063ABCN

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : I20000000146

Phone : (305)444-4994 Fax Number : (305)444-4977

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. WIER KNUTZ, LLC

Certificate of Status	0
Certified Copy	ı
Page Count	03
Estimated Charge	\$155.00

1709 2 6 2021

T. SCOT

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is: (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: Mailing Address: Principal Office Address: 3145 NW 38 ST MIAML FL 33142 SAME 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:

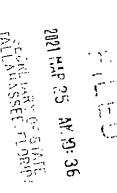
Page: 3 of 4

	Name	
3145 NW 38 ST		
Florida street addres	ss (P.O. Box <u>NOT</u> ac	rceptable)
MIAMI	FL.	33142

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. Thereby 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 om familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

| c| Sidney Bockner Registered Agent's Signature (REQUIRED)

(CONTINUED)



From: Yanet Avila

Title:	Name and Address:
"AMBR" = Authorized Memb "MGR" = Manager	er er
AMBR	SIDNEY BOCHNER 3145 NW 38 ST
	MIAMI, FL 33142
AMBR	MARK BOCHNER
	3145 NW 38 ST MIAMI, FL 33142
(Use anachment if necessary)	un the date of library (OPTIONAL)
TCI.E V: Effective date, if other than effective date is listed, the date in late of filing.) e: If the date inserted in this block	us the date of lifting:
TCI.E V: Effective date, if other than effective date is listed, the date in late of filing.) e: If the date inserted in this block	does not meet the applicable statutory filing requirements, this date will not be in
ICI.E V: Effective date, if other than effective date is listed, the date in late of filing.) E: If the date inserted in this block document's effective date on the Defective	iust he specific and caunot be more man five business days prior to or 90 days does not meet the applicable statutory filing requirements, this date will not be liepartment of State's records.
ICI.E V: Effective date, if other than effective date is listed, the date in late of filing.) e: If the date inserted in this block document's effective date on the Defective date on the Defective date on the Defective date.	does not meet the applicable statutory filing requirements, this date will not be in
TICLE V: Effective date, if other than effective date is listed, the date in late of filing.) e: If the date inserted in this block document's effective date on the Delicate VI: Other provisions, if any.	iust he specific and caunot be more man five business days prior to or 90 days does not meet the applicable statutory filing requirements, this date will not be liepartment of State's records.
TCLE V: Effective date, if other than effective date is listed, the date in late of filing.) e: If the date inserted in this block document's effective date on the De TCLE VI: Other provisions, if any. REQUIRED SIGNATURE:	iust be specific and caunot be more man five outiness days prior to or 90 days does not meet the applicable statutory filing requirements, this date will not be licepartment of State's records.
TCLE V: Effective date, if other than effective date is listed, the date in late of filing.) e: If the date inserted in this block document's effective date on the De TCLE VI: Other provisions, if any. REQUIRED SIGNATURE:	iust be specific and caunot be more man five outiness days prior to or 90 days does not meet the applicable statutory filing requirements, this date will not be licepartment of State's records.
TICLE V: Effective date, if other than effective date is listed, the date in late of filing.) e: If the date inserted in this block document's effective date on the Defice VI: Other provisions, if any. REQUIRED SIGNATURE: Signature This document and aware the	iust he specific and caunot be more man five business days prior to or 90 days does not meet the applicable statutory filing requirements, this date will not be liepartment of State's records.
TCLE V: Effective date, if other than effective date is listed, the date in late of filing.) e: If the date inserted in this block document's effective date on the Do'TCLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature This document I am aware the constitutes a :	does not meet the applicable statutory filing requirements, this date will not be lieupartment of State's records. Sidney Bockner re of a member of an authorized representative of a member. It is executed in accordance with section 605.0203 (1) (b), Florida Statutes, at any false information submitted in a document to the Department of State