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Office Use Only

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

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ACCOUNT NO.	:	120000000	195
REFERENCE	:	738155	4300239
AUTHORIZATION COST LIMIT	J.	\$ 125.00	an

- ORDER DATE : March 30, 2021
- ORDER TIME : 10:07 AM
- ORDER NO. : 738155-005
- CUSTOMER NO: 4300239

DOMESTIC FILING

NAME: KARNABY AVENTURA HOLDINGS LLC

EFFECTIVE DATE:

- ___ ARTICLES OF INCORPORATION ____ CERTIFICATE OF LIMITED PARTNERSHIP XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- ____ CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland - EXT.

EXAMINER'S INITIALS:

COVER LETTER

TO: New Filing Section Division of Corporations

KARNABY AVENTURA HOLDINGS LLC

SUBJECT:

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:

Bruce W. Bieber, Esq.

Name of Person

Kurzman Eisenberg Corbin & Lever, LLP

Firm/Company

I North Broadway, 12th FL

Address

White Plains, New York 10601

City/State and Zip Code

bbicber@kelaw.com

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

For further information concerning this matter, please call:

Bruce W. Bieber, Esq.	212	922-0816
	_at ()
Name of Person	Area Code	Daytime Telephone Number

Enclosed is a check for the following amount:

XS125.00 Filing Fee	□\$130.00 Filing Fee &	□\$155.00 Filing Fee &	□\$160.00 Filing Fee,
	Certificate of Status	Certified Copy	Certificate of Status &
		(additional copy is enclosed)	Certified Copy
			(additional copy is enclosed)

<u>Mailing Address</u> New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

KARNABY AVENTURA HOLDINGS LLC

(Must conatin 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:	Mailing Address:
2820 NE 214th Street	3901 Island Estates Drive
Aventura, Florida 33180	Aventura, Florida 33160

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:

Mazen Karnaby			
	Name		
901 Island Estates	s Drive		
Flanida creat addr	ess (P.O. Box NOT ad	ceptable)	
monda succi adun		•	
rionda succi addi Aventora	FL	33160	

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 us 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 nupposition as registered agent as provided for in Chapter 605, F.S.



(CONTINUED)

ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company:

<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
AMBR and MGR	Mazen Karnaby 3901 Island Estates Drive Aventura, FL 33160
AMBR	Ziad Kamaby 50 Riverside Blvd, Apt 14B New York, NY 10069
AMBR	Walid Kamaby 50 Riverside Blvd, Apt 14M New York, NY 10069
AMBR	Marwan Karnabi 72 80th Street Brooklyn, NY 11209

(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.)

<u>Note:</u> 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. REOUIRED 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.

Mazen Karnaby

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)

S 5.00 Certificate of Status (Optional)