## L21000161751

(F	Requestor's Name)		
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☐ 9.0X-03	☐ WAIT ☐ MAIL		
(8	Business Entity Name)		
3)	Document Number)		
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SECRETARY OF STATE

## CORPORATE When you need ACCESS to the world ACCESS,

INC.

236 East 6th Avenue, Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

## WALK IN

	CERTIFIED COPY		
	РНОТОСОРУ		
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((	ORPORATE NAME AND DOCU	MENT #)	-
	CORPORATE NAME AND DOCUM	AENT #)	
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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:				2021 APR 15 PM 1: 18	
The name of the Limited Liabili	ty Company is:			SECTION OF THE	
				SECREDARY DE STATE TALLAHASSEE, FL	
			RNATIONAL, LLC		
(Must con	tain the words "Limited	Liability Compa	ny, "L.L.C.," or "ELC.")		
ARTICLE II - Address: The mailing address and street a	ddress of the principal of	office of the Lim	ted Liability Company is:	:	
Princip	oal Office Address:		Mailing A	ddress:	
	BROWARD BLVD.		ONE EAST BROWAL	RD BLVD.	
SUITE 1010	DERDALE, FL 33301	<del></del> -	SUITE 1010		
FORT LAUL	PERDALE, FL 33301		FORT LAUDERDAL	E. FI. 33301	
The name and the Florida street	_	d agent are: SS H. MANELL Name	A, ESQ.		
	ONE EAST BRO		· · · · · · · · · · · · · · · · · · ·		
Florida street address (P.O. Box NOT acceptable)			[ acceptable}		
	FORT LAUDERI	DALE FL	33301		
	City	State	Zip		
daving been named as registered of place designated in this certificate, irther agree to comply with the pr im familiar with and accept the ob	I hereby accept the approvisions of ali statutes rolligations of my position  Roa	ointment as regis elating to the pro as registered age te JY. Mas	tered agent and agree to a ner and complete perform nt as provided for in Chap	act in this capacity. I ance of my duties, and I	
	Regist	ered Agent's Sig	nature (REQUIRED)		

(CONTINUED)

Title:	Name and Address:				
"AMBR" = Authorized Member "MGR" = Manager					
Philippe Bayard MRG	25105 SW 107th Court Homestead FL 33032				
<del></del>					
	SECRETOR TRAILERS				
	<u> </u>				
	3.2				
	S S S				
(Use attachment if necessary)					
ARTICLE V: Effective date, if other than the date of filing:	(ORTIONAL)				
(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.)	•				
<b>Note:</b> If the date inserted in this block does not meet the apthe document's effective date on the Department of State's	oplicable statutory filing requirements, this date will not be listed as				
·	records.				
ARTICLE VI: Other provisions, if any.					
REQUIRED SIGNATURE:					
Ross of	V. Manella				
Signature of a member or a	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.				

Filing Fees:

ROSS H. MANELLA, ESQ, Authorized Signatory
Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)