5/6/2021

Division of Corporations



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.

(((H21000183873 3)))



H210001838733ABC0

**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 : FELDMAN & ASSOCIATES

Account Number : I20130000018 Phone : (305)931-0433

Fax Number : (866)856-1462

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: paul@feldmanclosings.com

# FLORIDA LIMITED LIABILITY CO.

## Liam Alton Plaza LLC

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$130.00

Electronic Filing Menu

Corporate Filing Menu

Help

1/1

To: 18506176381 Page; 3 of 4 2021-05-06 21:15:05 GMT 18668561462 From: Paul Feldman

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

4.07	TICL	F 1	. N	a ma
/ L T	111.2.		- 11	allic.

The name of the Limited Liability Company is:

#### LIAM ALTON PLAZA ELC

(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:	Mailing Address:		
33 NE 1st Street	33 NE 1st Street		
Miami, FL 33132	Miami, FL 33132		

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:

	Núro	
2750 NE 185th St	reet, Suite 203	
Florida street add	ress (P.O. Box <u>NOT</u> a	cceptable)
Aventura	FL	33180
	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 Fis 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 Opto 605, ISS

Registered Agent's Signature (REQ) RED

(CONTINUED)



۸	ĸ	Ŧ	Į	C	l,	E	ı	V٠	
---	---	---	---	---	----	---	---	----	--

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

Title:	Name and Address:
"AMBR" = Authorized Membe	т
"MGR" = Manager	
) (OB	TO AT TEATHORY
MGR	IGAL HAIMOV
	33 NE 1st Street
	Miami, FL 33132
MOD	LANCT HAIMON
MGR	JANET HAIMOV  33 NE 1st Street
	Miami, FL 33132
	Whath, FL 33132
<del></del>	·
If an effective date is listed, the date m he date of filing.)	n the date of filing:
RTICLEVI: Other provisions, if any.	
<del></del>	
REQUIRED SIGNATURE:	
REQUIRED SIGNATORE.	Tot Glil-
	for the there-
	<del></del>
	e of a member or an authorized representative of a member.
	is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
	any false information submitted in a document to the Department of State
constitutes a th	ird degree felony as provided for in s.817.155, F.S.
PAULI	FELDMAN
	FELDMAN Typed or printed name of signe

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)

