# 1210020141

	(Requestor's Name)
	(Address)
	,Aadress)
	(City/State/Zip/Phone #)
☐ ack fi	. WAIT MAIL
	(Business Entity Name)
	'Decument Number)
Certified Copies	Certificates of Status
Special Instructions	to Filing Officer
WICE	88)64922

Office Use Only



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05/10/21--01042--019 \*\*125.00

2821 EAY 14 AM 9: 59

SECRETARY OF STATE

2021 MAY 10 PM 2:5



May 11, 2021

**CORP ACCESS** 

SUBJECT: EZRA 18 LLC Ref. Number: W21000064922

our check(s) totaling in filed and is being We have received your document for EZRA 18 LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list only one business entity as the registered agent.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Letter Number: 921A00009895

Matthew T Moon Regulatory Specialist II Supervisor

59

## ACCESS, \_\_\_\_\_

CORPORATE When you need ACCESS to the world

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**

	PICE	C UP:	5/10/2021 Glinda	-
	CERTIFIED COPY			
xx	РНОТОСОРУ			
	CUS			
xx	FILING	LLC		
	Ezra 18 LLC (CORPORATE NAME AND DOCUME)	MENT #)		2821 ISA 14
-	(CORPORATE NAME AND DOCU	MENT #)		MH 9: 59
_	(CORPORATE NAME AND DOCUM	MENT #)		
~	(CORPORATE NAME AND DOCUM	MENT #)		
_	(CORPORATE NAME AND DOCUM	MENT #)		
	(CORPORATE NAME AND DOCUM	MENT #)		

#### COVER LETTER

	ew Filing Sec Division of Co						
SUBJECT	Ezra 18 LI	LC					
oonane.	··	Name	of Limited Lia	bility Company			
The enclos	sed Articles of	Organization and fee	(s) are submitt	ed for filing.			
Please rett	ırn all corresp	ondence concerning th	nis matter to th	e following:			
	Irina Roth N	leumann, Esq.					
			Name	of Person			_
	Roth Private	Advising Law					
			Firm/	Company			_
	601 Brickell	Key Drive, Suite 700	)				
			Ad	dress			_
	Miami, FL 3	33131					2
	irina@rothpa	law com	City/State	and Zip Code			- P21 ::
		**	used for futur	e annual report notifica	tion)	<del>:</del>	- <u>::</u>
For further i	nformation co	ncerning this matter.	please call:				±-
	Irina Roth No	eumann, Esq.	305 at (	798-8878			: 6 H!
	Nam	e of Person	Area Code	Daytime Telepho	ne Number	•	5
Enclosed is	s a check for t	he following amount:					
_	Filing Fee	□\$130.00 Filing F Certificate of State	ee & □\$ s Cert	155.00 Filing Fee & ified Copy onal copy is enclosed)	□S160.00 Certificate Certified Co (additional co	of Status c opy	S.
	New F Divisio P.O. B	g Address iling Section on of Corporations ox 6327 assec, FL 32314		Street Address New Filing Section E The Centre of Tallah 2415 N. Monroe Stre Tallahassee, FL 3230	nassee eet, Suite 810		

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability	Company is:			
Ezra 18 LLC				
(Must contai	n the words "Limited	d Liability Com	pany, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street add	ress of the principal	office of the Li	mited Liability Company is:	
<u>Principal</u>	Office Address:		Mailing Address:	
c/o Roth Private Advis	ing Law		c/o Roth Private Advising Law	
601 Brickell Key Drive	e, Suite 700		601 Brickell Key Drive, Suite 700	)
Miami, FL 33131	<del></del>		Miami, FL 33131	
another business entity with an act	annot serve as its ow tive Florida registrat	n Registered A ion.)	Agent's Signature: gent. You must designate an individ	lual or
The name and the Florida street ad	dress of the register	ed agent are:		
	Roth Private Advis	ing Law		
		Name		
	601 Brickell Key D	rive, Suite 700		
	Florida street addre	ess (P.O. Box <u>N</u>	OT acceptable)	
	Miami,	F1	33131	
	City	State	Zip	
,			for the above stated limited liability	

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)

Title:	Name and Address:
"AMBR" = Authorized Memb	per
"MGR" = Manager	
MGR	Becky Sheero de Bittan
MUK	c/o Roth Private Advising Law
	601 Brickell Key Drive, Suite 700, Miami, FL 33131
MGR	Edith Sheero de Segal
Mak	c/o Roth Private Advising Law
	601 Brickell Key Drive, Suite 700, Miami, FL 33131
MGR	Sami Sheero
<u> </u>	Co Roth Private Advising Law 601 Brickell Key Drive, Suite 700, Miami, FL 33131
	OUT BICKET REV DITVE, Suite 700, WHATIN, 1 E 33131
(Use attachment if necessary	)
E V: Effective date, if other t	than the date of filing: (OPTIONAL)
fective date is listed, the date	must be specific and cannot be more than five business days prior to or 90 de
of filing.)	
	k does not meet the applicable statutory filing requirements, this date will not b
ment's effective date on the l	Department of State's records.
	,
E VI: Other provisions, if any	
E VI: Other provisions, if any	
E VI: Other provisions, if any REQUIRED SIGNATURE	

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.

Becky Sheero de Bittan

Typed or printed name of signee

#### Filing Feet:

\$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)