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.

(((H21000211601 3)))



H210002116013ABCO

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

3052201440

: (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

\*\*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. ET FAMILY 4401 COLLINS LLC

Certificate of Status	1		
Certified Copy			
Page Count	03		
Estimated Charge	\$130.00		

1021 HAY 27 PH 5: 40

## ARTICLES OF ORGANIZATION FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: (Must end with the words "Limited L'ability Company, "L.L.C.," or "LLC.")

ET FAMILY 4401 COLLINS LLC

**ARTICLE II - Address:** 

The mailing address and street address of the principal office of the Limited Liability Company is:

343 HOWARD AVENUE

**WOODMERE NY 11598** 

ARTICLE III - Registered Agent, Registered Office:

The name and the Florida street address of the registered agent are: (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.)

RITTER ZARETSKY LIEBER & JAIME LLP

C/O OREN LIEBER, ESQ., 2800 BISCAYNE BLVD., SUITE 500

MIAMI, FLORIDA 33137

ARTICLE IV-

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

ELI NEUBERG, MANAGER

343 HOWARD AVENUE, WOODMERE NY 11598

## Required Signatures:

Signature of a member of an authorized representative of a member.

In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.

## OREN LIEBER, ESQ, AUTHORIZED REPRESENTATIVE Typed or printed name of signee

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)

2021 HAY 27 PH 5: 40
PALLAHASSEF FI FORS