

5/27/2021

Division of Corporations

# L21000281354

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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.

(((H21000213430 3)))



H210002134303ABCQ

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 : KATZ BASKIES &amp; WOLF PLLC

Account Number : I20080000071

Phone : (561)910-5700

Fax Number : (561)910-5701

2021 MAY 28 AM 10:07

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

Email Address: justin.saviole@katzbaskies.com

## FLORIDA LIMITED LIABILITY CO.

9397 GEW LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

2021 MAY 28 AM 8:11

[Electronic Filing Menu](#)[Corporate Filing Menu](#)[Help](#)

H21000213430 3

## COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: 9397 GEW LLC  
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:

Justin Savioli

Name of Person

Katz Baskies & Wolf PLLC

Firm/Company

3020 North Military Trail Suite 100

Address

Boca Raton, FL 33431

City/State and Zip Code

justin.savioli@katzbaskies.com

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

2021 MAY 28 AM 10:07

For further information concerning this matter, please call:

Justin Savioli

561

910-5700

at

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &  
Certificate of Status

☐ \$155.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$160.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

Mailing Address

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

H21000213430 3

H21000213430 3

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:**

**The name of the Limited Liability Company is:**

9397 GEW LLC

(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:**

**824 Pelican Point Cove**  
**Boca Raton, FL 33431**

**Mailing Address:**

**824 Pelican Point Cove**  
**Boca Raton, FL 33431**

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Designation**  
(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:

**Alexander Bafer**

**Native**

### 824 Pelican Point Cove

Florida street address (P.O. Box **NOT** acceptable)

Boca Raton

**FL**

33431

City

## 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 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 603, F.S..*

**Registered Agent's Signature (REQUIRED)**

(CONTINUED)

2021 MAY 28 AM 10:07

H21000213430 3

H21000213430 3

**ARTICLE IV-**

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

**Title:****Name and Address:**

"AMBR" = Authorized Member


"MGR" = Manager

MGRAlexander Bafer  
824 Pelican Point Cove  
Boca Raton, FL 33431

(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.)

**Note:** 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.**REQUIRED 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.Alexander Bafer, Manager

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)

\$ 5.00 Certificate of Status (Optional)

2021 MAY 28 AM 10:07

H21000213430 3