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| (Doc | ument Number) | |
| Certified Copies | Certificates | s of Status |
| Special Instructions to F | iling Officer: | |
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Office Use Only



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| 417 E. Virginia Street, | CONNECTION, INC. Suite 1 • Tallahassee, Florida 32301 800-342-8062 • Fax (850) 222-1222 | |
|-------------------------|---|--|
| oca Beverly Hills | , LLC | |
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| | | Art of Inc. File |
| | | LTD Partnership File |
| | | Foreign Corp. File |
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| | | Fictitious Name File |
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COVER LETTER

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| | ew Filing Section ivision of Corporations | | | | |
|----------------------|--|----------------|--|-----------------------|--------|
| SUBJECT | BOCA BEVERLY HILLS, LLC | | | | |
| SUBJECT | Name of | Limited Liabi | lity Company | | |
| The enclose | ed Articles of Organization and fee(s) |) are submitte | d for filing. | | |
| Please retu | rn all correspondence concerning this | matter to the | following: | | |
| | Robert A. Brandt, Esq. | | | | |
| | | Name o | fPerson | | |
| | Robert A. Brandt, P.A. | | | | |
| | | Firm/C | ompany | | |
| | 696 NE 125 Street | | | | |
| | | Add | ress | | |
| | North Miami, FL 33161 | | | | |
| | | City/State a | nd Zip Code | | |
| - | ychuda83@gmail.com | and for future | annual report notification) | | |
| | | | annual report notification) | | |
| For further in | nformation concerning this matter, ple | ease call: | | | |
| | Robert Brandt at | 305 | 981-3222 | 2 MUL 1882 | |
| | Name of Person | Area Code | Daytime Telephone Number | <u>,</u> сл | I T |
| | | | | | (|
| Enclosed is | s a check for the following amount: | | | ្ ក ្ ហ | |
|]\$ 125.00 Fi | iling Fee \$130.00 Filing Fee & Certificate of Status | Certit | .00 Filing Fee & S160.00 Filing F fied Copy Certificate of Sta nal copy is enclosed) Certified Copy (additional copy is | itus & | |
| | | | (| • | |
| | Mailing Address | | Street Address | | |
| | New Filing Section Division of Corporations | | New Filing Section Division of Corporations | | |
| | P.O. Box 6327 | | Clifton Building | | |
| | Tailahassee, FL 32314 | | 2661 Executive Center Circle | | |

Tallahassee, FL 32301

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

BOCA BEVERLY HILLS, 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: | <u>Mailing Address</u> : | |
|---------------------------|--------------------------|--|
| 5645 Coral Ridge Drive | 5645 Coral Ridge Drive | |
| Suite 121 | Suite 121 | |
| Coral Springs, FL 33076 | Coral Springs, FL 33076 | |

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

(The Limited Liability Company cannot serve as its own Registered Agent. Non-must designate an individual or another business entity with an active Florida (egistration.)

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

| | Name | |
|--------------------------------------|-----------------------------------|------------|
| 696 NE 125 Street | | |
| Florida street addre | ss (P.O. Box <u>NOT</u> ac | (ceptable) |
| Florida street addre. North Miami | ss (P.O. Box <u>NOT</u> ac 171 | ceptable) |

Having been named as registered agent and to accept service of process for the above stated limited itability company at the place designated in this certificate. Thereby accept the appointment as registered agent and agree to act in this capacity. The thereby accept the appointment as registered agent and agree to act in this capacity. The there 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)

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ARTICLE IV-

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

| <u>Title:</u> "AMBR" = Authorized Member | Name and Address: |
|---|---|
| "MGR" = Manager | |
| MGR | <u>Yehuda Rosenberg</u> 5645 Coral Ridge Drive, #121 |
| | Coral Springs, FL 33076 |
| MGR | Chava M. Borger |
| | 5645 Coral Ridge Drive, #121 Coral Springs, FL 33076 |
| | |
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(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,

The LLC is to be managed by one or more managers and is, therefore, a manager - managed company.

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 \$.817.155, F.S.

| Robert Brandt, authorized representative | | | |
|--|---------|-------------|--------|
| Typed or printed name of signee | . 1 | 2821 | |
| Filing Fees: | | 2 | |
| \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent | ۰. | æ | • |
| \$ 30.00 Certified Copy (Optional) | . 7 | \sim | · |
| S 5.00 Certificate of Status (Optional) | ·· · | | i i |
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