

6/4/2021

Division of Corporations

**L21000310900**

Florida Department of State  
Division of Corporations  
Electronic Filing System

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To:

Division of Corporations  
Fax Number : (850)617-6381

From:

Account Name : TILLET ALVARADO & PRENDERGAST  
Account Number : I20210000002  
Phone : (561)345-2416  
Fax Number : (561)907-4965

CLERK OF STATE  
TALLAHASSEE, FLORIDA

2021 JUL -7 AM 8:38

**\*\*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.****05000, LLC**

|                       |          |
|-----------------------|----------|
| Certificate of Status | 0        |
| Certified Copy        | 0        |
| Page Count            | 01       |
| Estimated Charge      | \$125.00 |

JUL 08 2021

T. SCOTT

2021 JUL -7 AM 11:57

**COVER LETTER**

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** 05000, 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:

DANIEL SHOR

Name of Person

05000, LLC

Firm/Company

2960 N.E. 207TH STREET APT 717

Address

AVENTURA, FL 33180

City/State and Zip Code

DANYSH66@GMAIL.COM

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

For further information concerning this matter, please call:

DANIEL SHOR                      954                      802-6851  
at (                      )  
Name of Person                      Area Code                      Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee & Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee & Certificate of Status & Certified Copy<br>(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

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name:**

The name of the Limited Liability Company is:

05000, 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:**2960 N.E. 207TH STREETAPT 717AVENTURA, FL 33180**Mailing Address:**2960 N.E. 207TH STREETAPT 717AVENTURA, FL 33180**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:

DANIEL SHOR

Name

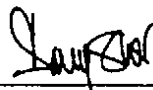
2960 N.E. 207TH STREET APT 717Florida street address (P.O. Box **NOT** acceptable)AVENTURAFL33180

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 605, F.S.*



Registered Agent's Signature (REQUIRED)



(CONTINUED)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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FILED

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

AMBR

DANIEL SHOR

2960 N.E. 207TH STREET APT 717

AVENTURA FL 33180

AMBR

RON OLIVER

2960 N.E. 207TH STREET APT 717

AVENTURA FL 33180

AMBR

MARCUS DANTUS MOCHAN

2960 N.E. 207TH STREET APT 717

AVENTURA FL 33180

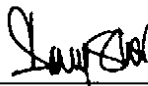
(Use attachment if necessary)

**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.

DANIEL SHOR

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)