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SECTION TO STATE 250

Tallhassee, FL 32301 Phone: 850-558-1500 ACCOUNT NO. : 12000000195 REFERENCE: 900351 109203A AUTHORIZATION : ORDER DATE : July 12, 2021 ORDER TIME : 11:08 AM ORDER NO. : 900351-005 CUSTOMER NO: 109203A DOMESTIC FILING NAME: 14280 BUILDING LLC EFFECTIVE DATE: _ ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP XX ARTICLES OF ORGANIZATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: ___ CERTIFIED COPY XX PLAIN STAMPED COPY

EXAMINER'S INITIALS:

CORPORATION SERVICE COMPANY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland - EXT.

1201 Hays Street

COVER LETTER

	New Filing Section Division of Corporations			
CHD II.C	14280 BUILDING LLC			
SUBJECT: Name of Limited Liability Company				
The encle	closed Articles of Organization and fee(s) are submitted:	for filing.		
Please re	return all correspondence concerning this matter to the fo	ollowing:		
	STEVEN R AMSTER, ESQ.			
	Name of I	Person		
	KODSI LAW FIRM PA			
	Firm/Company			
	1000 N HIATUS ROAD, SUITE 103			
	Address			
	PEMBROKE PINES, FL 33026			
	City/State and samster@kodsilawfirm.com	Zip Code		
	E-mail address: (to be used for future ar	inual report notification)		
For further	er information concerning this matter, please call:			
	Steven 954	771-8277 ext 111		
	Name of Person Area Code	Daytime Telephone Number		
Enclosed	ed is a check for the following amount:			
] \$125.00	Certificate of Status Certific	S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
		Street Address		
	Division of Corporations	New Filing Section Division of Corporations		
		Clifton Building		

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

14280 BUILDING	LLC			
(Must cor	ntain the words "Limited Liabili	ty Company, "L.L.C	.," or "LLC.")	
ARTICLE II - Address: The mailing address and street	address of the principal office o	f the Limited Liabili	ty Company is:	
<u>Princi</u>	pal Office Address:		Mailing Address:	
	SARDENS DRIVE		MIAMI GARDENS DRIVE	
# 180 NORTH MIAMI B	EACH, FL 33179	# 180 NORTH M	IIAMI BEACH, FL 33179	
The name and the Florida stree	t address of the registered agent	are:	IWITY!	ECNTY OF
Name		e	 5	<u> </u>
	1000 N HIATUS ROAD, SUITE 103			·
Florida street address (P.O. Bo			ole)	
			نشر	AT 6
	PEMBROKE PINES	FL	33026	rri _
		FL State	33026 Zip	rri C
olace designated in this certificat	City I agent and to accept service of pe, I hereby accept the appointme provisions of all statutes relating	State rocess for the above nt as registered agen to the proper and co	Zip stated limited liability company at th it and agree to act in this capacity. I mplete performance of my duties, an	ne

(CONTINUED)

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	JACOB K. OHAYON 1835 NE MIAMI GARDENS DRIVE, # 180 NORTH MIAMI BEACH, FL 33179		
			
(Use attachment if necessary)			
(If an effective date is listed, the date must be s the date of filing.)	pecific and cannot be more than five business days prior to or 90 days after meet the applicable statutory filing requirements, this date will not be listed as t of State's records.		
ARTICLE VI: Other provisions, if any.			
REQUIRED SIGNATURE:	en R. Amster		

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.

STEVEN R. AMSTER, AUTHORIZED PERSON

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)