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PICK-UP WAIT MAIL
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(Business Entity Name)
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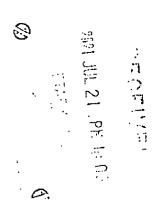


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CORPORATE ACCESS, .

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WALK IN

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.]	ISRAEL FAMILY 390 (CORPORATE NAME AND DOC	0 W. HAL	LANDALE, LI	LC	
•	CORPORATE NAME AND DOC	UMENT #)			
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

2021 HH 21 2

ARTICLE I -

The name of th

I - Name:	1906 21 PH 12: 52
of the Limited Liability Company is:	SECRETAL
, .	SECRETALL OF STATE TALLAHASSEE, FL
Israel Family 3900 W. Hallandale, 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:	Mailing Address:
217 E. HALLANDALE BEACH BLVD	217 E. HALLANDALE BEACH BLVD
HALLANDALE BEACH, FL 33009	HALLANDALE BEACH, FL 33009

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:

STEPHEN L RIEME	ER	
	Name	
217 E. HALLANDA	LE BEACH BLVD	
Florida street addres	s (P.O. Box NOT a	cceptable)
HALLANDALE BEA	ACH_FL	33009
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..

(CONTINUED)

<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:	
MGR_	STEPHEN L RIEMER	
	217 E. HALLANDALE BEACH BLVD	
	HALLANDALE BEACH, FL 33009	
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If the date inserted in this block does not meet	the applicable statutory filing requirements, this date will not he	1
ument's effective date on the Department of S	tate's records.	e i
LE VI: Other provisions, if any.		
		_
REQUIRED SIGNATURE:		
Stable	a 1 1)	

STEPHEN L RIEMER Typed or printed name of signee

I am aware that any false information submitted in a document to the Department of State

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

constitutes a third degree felony as provided for in s.817.155, F.S.

\$ 5.00 Certificate of Status (Optional)

ARTICLE IV-