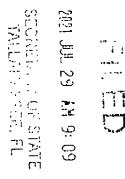
# L21000 343959

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone	#)
PICK-UP WAIT	MAIL
(Business Entity Nam	e)
(Document Number)	
Certified Copies Certificates	of Status
Special Instructions to Filing Officer:	

Office Use Only



000368875290



07/30/21--01002--012 \*\*125.00



## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 · Tallahassee, Florida 32301 (850) 224-8870 · 1-800-342-8062 · Fax (850) 222-1222

2157 Flagler Manag	gement, LLC		
<del></del>			
			Art of Inc. File
- · · · ·			LTD Partnership File
			Foreign Corp. File
			L.C. File
			Fictitious Name File
			Trade/Service Mark
			Merger File
			Art. of Amend. File
			RA Resignation
			Dissolution / Withdrawal
			Annual Report / Reinstatement
			Cert. Copy
			Рћого Сору
			Certificate of Good Standing
			Certificate of Status
			Certificate of Fictitious Name
			Corp Record Search
			Officer Search
			Fictitious Search
Signature	<del></del>		Fictitious Owner Search
			Vehicle Search
	<del></del>		Driving Record
Requested by: Seth	07/27/21		UCC 1 or 3 File
Name	$\frac{07/27/21}{\text{Date}}$	Time	UCC 11 Search
Nattic	Date	HIIIC	UCC 11 Retrieval
11 / A1 T	***********		

### COVER LETTER

TO: New Filing Section

Di	ivision of Corporations	
SUBJECT	., 2157 Flagler Manageme	ent, LLC
3020001		ed Liability Company
The enclose	ed Articles of Organization and fee(s) are s	abmitted for filing.
Please retur	rn all correspondence concerning this matte	r to the following:
	IRVING WE	ISSELBERGER
		Name of Person
	D	RAGONFLY INVESTMENTS LLC
		Firm/Company
	48 E	FLAGLER ST, FOURTH FLOOR
		Address
		MI, FL 33131
	City	State and Zip Code
**	E-mail address: (to be used for	future annual report notification)
For further in	nformation concerning this matter, please ca	ill:
	IRVING WEISSELBERGERat (at	319-0662
,		Code Daytime Telephone Number
Enclosed is	s a check for the following amount:	
□\$125.00	Filing Fee Status Status	□\$155.00 Filing Fee & □\$160.00 Filing Fee. Certified Copy additional copy is enclosed)  □\$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address	Street Address
	New Filing Section Division of Corporations	New Filing Section Division The Centre of Tallahassee
	P.O. Box 6327	2415 N. Monroe Street, Suite 810
	Tallahassee, FL 32314	Tallahassee, FL 32303

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

21	157 Flagler Manageme	nt, LLC		
(Must cona	tin the words "Limited	Liability Compa	ny, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street ad	ddress of the principal (	office of the Limi	ted Liability Company is:	
Principal Office Address:			Mailing Address:	
48 E FLAGLER ST, FOURTH FLOOR		₹	5536 SW 8th St	
MIAMI, FL 33	131		MIAMI, F: 33134	
	-	Name		
	48 E FLAGLER ST. FOURTH FLOOR Florida street address (P.O. Box NOT acceptable)			E FL
	MIAMI	FL	33179	L UE
		State	Zip	
	City	1,1111	•	

(CONTINUED)

### ARTICLE IV-

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

$\frac{\text{Title:}}{\text{"AMBR"}} = A_1$	athorized Member	Name and Address:	
"MGR" = Mar			
MGR		SONIA WEISSELBERGER	
		5536 SW 8TH ST	
		MIAIM, FL 33134	1 <u>.</u>
MGR		S	
		Samuel Swerdlow  48 e flagler st. fourth floor	
		Miami, FL 33131	<del>-</del>
MGR			
- WICIK	<del></del>	Irving Weisselberger	
	_	48 e flagler st, fourth floor Miami, FL 33131	<del></del>
	<del></del>	(Validital 2 17 77) 1.74	
<u> </u>	<del></del>	<del></del>	<del></del>
(Use attachme)	nt if necessary)		
RTICLE V: Effective	date, if other than the date of fili	ng:	(OPTIONAL)
f an effective date is li	sted, the date must be specific :	and cannot be more than five busines	s days prior to or 90 days after
ie date of filing.) lote: If the date income	ed in this black does not man it	on and inchis statutant Clina and in	
he document's effective	e date on the Department of Sta	ie applicable statutory filing requiremente's records	ents, this date will not be listed as
		a seconds.	
RTICLE VI: Other pro	ovisions, if any,		
			<del></del>
	<del></del>		
<del></del>			<del>_</del>
REOUIRED S	SIGNATURE:		
	Signature of a member	or an authorized representative of a	mamhau
	This document is executed in	accordance with section 605.0203 (1)	(b), Florida Statutes.
	I am aware that any false infor-	mation submitted in a document to the	Department of State
	constitutes a third degree felon	y as provided for in s.817.155, F.S.	
	lr	ving Weisselberger	
	Тур	ed 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)