B/2/2021

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

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From:

Account Name : INTERSTATE FILINGS LLC

Account Number : I20110000086 Phone : (718)569-2703 : (718)504-7890 Fax Number

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address: CONTACT@INTERSTATEFILINGS.COM

FLORIDA LIMITED LIABILITY CO. MASADA GROUP HOLDINGS LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

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Corporate Filing Menu

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Mailing Address:

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

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MASADA GROUP HOLDINGS LLC

Principal Office Address:

(Must end with 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:

	
1800 S OCEAN DR	1800 S OCEAN DR
APT 2107	APT 2107
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:

	Name		
1800 S OCEAN DR	., APT 2107		
Florida street addres	ss (P.O. Box <u>NOT</u> ac	eceptable)	(
HALLANDALE BE	IACH 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. Thereby 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 garegistered agent as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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(((H210002922743)))

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	ALON DEENNICE
MGRM	ALON BRENNER 1800 S OCEAN DR., APT 2107
	HALLANDALE BEACH, FL 33009
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·····	
E V: Effective date, if other than the date	of filing: (OPTIONAL)
ective date is listed, the date must be spe of filing.)	ecific and cannot be more than five business days prior to or 90 of the applicable statutory filing requirements, this date will not
E.V: Effective date, if other than the date ective date is listed, the date must be spenf filing.) The date inserted in this block does not ment's effective date on the Department of	ecific and cannot be more than five business days prior to or 90 of the applicable statutory filing requirements, this date will not
E V: Effective date, if other than the date ective date is listed, the date must be spend filling.) The date inserted in this block does not ment's effective date on the Department of E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a me This document is execut I am aware that any false	pecific and cannot be more than five business days prior to or 90 of the pecific and cannot be more than five business days prior to or 90 of the applicable statutory filing requirements, this date will not of State's records
E V: Effective date, if other than the date ective date is listed, the date must be spend filling.) The date inserted in this block does not ment's effective date on the Department of E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a me This document is execut I am aware that any false	mber or an authorized representative of a member ed in accordance with section 605 0203 (1) (b). Florida Statutes, information submitted in a document to the Department of State felony as provided for in 8.817.155, F.S.

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