

**\*\*please give original submission date as file date (8/24/21)\*\***

L210003170343598

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H21000317034 3)))



H210003170343ABCV

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

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

From:

Account Name : CAPITOL SERVICES, INC.  
Account Number : I20160000017  
Phone : (855) 498-5500  
Fax Number : (800) 432-3622

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ALLAH-SEE, III  
8/24/21

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**\*\*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.  
BISCAYNE BAL HARBOUR LLC**

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Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

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August 25, 2021

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

CAPITAL SERVICES, INC.

SUBJECT: BISCAYNE BAL HARBOUR LLC  
REF: W21000116966

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Due to transmission problems, your faxed document or coversheet is illegible or incomplete. Please refax the document and cover sheet to this office for processing.

If you have any further questions concerning your document, please call (850) 245-6052.

James G Harris  
Regulatory Specialist II  
New Filing Section

FAX Aud. #: H21000317034  
Letter Number: 621A00020489

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TALLAHASSEE, FL

P.O. BOX 6327 - Tallahassee, Florida 32314

**Leslie Sellers**

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**From:** faxfinder@capitol-services.com  
**Sent:** Tuesday, August 24, 2021 10:11 AM  
**To:** Leslie Sellers  
**Subject:** FaxFinder Fax Notification: Successfully sent fax to 850-617-6381  
**Attachments:** fax\_outbound\_850-617-6381\_20210824\_091351\_00004F54-0000.pdf

Create Time: 08/24/2021 09:11:23 AM  
Schedule Time: 08/24/2021 09:13:51 AM  
State: sent  
Schedule Message: Successfully sent fax  
Hangup code: 0  
Try #: 1  
Username: admin  
Sender name: Leslie Sellers  
Sender email: lsellers@capitol-services.com Sender phone: 855-498-5500 Sender fax: 800-432-3622 Sender org: Capitol Services, Inc.  
Subject: H21000317034  
Max tries: 5  
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Priority: 3  
Pages: 5  
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Recipient phone:  
Recipient name:  
Recipient org: FL SOS  
Use cover page: true  
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TALLAHASSEE, FL

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## COVER LETTER

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

**SUBJECT: BISCAYNE BAL HARBOUR 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:

Robin L. Steiner

\_\_\_\_\_  
Name of Person

Capes Sokol Goodman & Sarachan PC

\_\_\_\_\_  
Firm/Company

8182 Maryland Ave., 15th Floor

\_\_\_\_\_  
Address

St. Louis, Missouri 63105

\_\_\_\_\_  
City/State and Zip Code

nigel@ohrenstein.com

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

For further information concerning this matter, please call:

Robin Steiner

314

505-5474

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &  
Certificate of Status

☐ \$155.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$160.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(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

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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**ARTICLE I - Name:**

The name of the Limited Liability Company is:

BISCAYNE BAL HARBOUR 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:**10295 Collins Avenue, Units 210-211  
Bal Harbour, FL 33154**Mailing Address:**10295 Collins Avenue, Units 210-211  
Bal Harbour, FL 33154**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:

CAPITOL CORPORATE SERVICES, INC.

Name

515 East Park Avenue, 2nd FloorFlorida street address (P.O. Box **NOT** acceptable)TallahasseeFlorida32301

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..*

Taylor Seay, as Asst. Secretary on behalf of  
Capitol Corporate Services, Inc.

Registered Agent's Signature (REQUIRED)

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**ARTICLE IV-**

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

**Title:****Name and Address:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Nigel Ohrenstein  
 620 W. 256th Street  
 Riverdale, NY 10471

MGR

Ruth Raskas  
 620 W. 256th Street  
 Riverdale, NY 10471

(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:**

/s/ Nigel Ohrenstein

/s/ Ruth Raskas

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.

Nigel Ohrenstein and Ruth Raskas

Typed or printed name of signer

**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)

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