

L21000457340

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



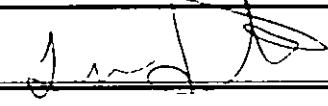
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RECEIVED
2021 OCT 20 AM 11:01
ALABAMA SECRETARY OF REVENUE

RECEIVED
2021 OCT 20 PM 3:40
ALABAMA SECRETARY OF REVENUE

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

PLEASE USE FUNDS FROM ACCT: I20210000160 AMOUNT: \$160.00

Authorized Signature: 

8011 LEV LLC

Corporation Name

Document Number, (if known):

☒ **Certified copy**

☐ **Pick up time** _____

☐ **Certificate of Status**

☐ **Will wait**

NEW FILINGS

☐ **Profit**

☐ **Not for Profit**

☒ **Limited Liability**

☐ **Domestication**

☐ **Other**

☐ **CORP**

AMMENDMENTS

☐ **Amendment**

☐ **Resignation of R.A.**

Officer/Director

☐ **Change of Registered Agent**

☐ **Dissolution/Withdrawal**

☐ **Merger**

☐ **Correction**

OTHER FILINGS

☐ **Annual Report**

☐ **Fictitious Name**

☐ **APOSTIL ()** _____
Country

REGISTRATION/QUALIFICATIONS

☐ **Foreign filing**

☐ **Limited Partnership**

☐ **Reinstatement**

☐ **Other**

EXAMINER'S INITIALS: _____

COVER LETTER

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

SUBJECT: 8011 LEV 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:

NATALI GARCIA

Name of Person

Firm/Company

1090 KANE CONCOURSE #207

Address

BAY HARBOR ISLAND, FL 33154

City/State and Zip Code

CAP@DYNAMICALLY.NET

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

For further information concerning this matter, please call:

NATALI GARCIA 305 865-6736

Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

8011 LEV 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:

8011 ABBOTT AVENUE

MIAMI BEACH, FL 33141

Mailing Address:

NATALI GARCIA

1090 KANE CONCOURSE #207

BAY HARBOR ISLAND, 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:

NATALI GARCIA

Name

1090 KANE CONCOURSE #207

Florida street address (P.O. Box **NOT** acceptable)

BAY HARBOR ISLAND FL

33154

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.



Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
2021 OCT 20 AM 11:01
CLERK OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

MGR

OMNI HC LLC
8011 ABBOTT AVENUE
MIAMI BEACH, FL 33141

(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:

NG

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.

NATALI GARCIA

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)

2021 OCT 20 AM 11:01
FILED
CLERK OF STATE
TALLAHASSEE, FLORIDA