

2021000518564

Florida Department of State
Division of Corporations
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To: Division of Corporations
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From: Account Name : ALEJANDRO E. JORDAN, JD, P.A.
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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: ari@centralcommercialre.com

FLORIDA LIMITED LIABILITY CO.
AM 7 Ave LLC

Certificate of Status	1
Certified Copy	1
Page Count	02
Estimated Charge	\$160.00

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**ARTICLES OF ORGANIZATION OF
AM 7 Ave LLC**

The undersigned, being authorized to execute and file these Articles, hereby certifies
that:

ARTICLE I -Name:

The name of the Limited Liability Company is:

AM 7 Ave LLC

ARTICLE II -Address:

The initial mailing address and street address of the principal office of the Limited Liability
Company is:

390 NW 27th Street
Miami, Florida 33127

ARTICLE III -Registered Agent and Registered Office

The name and the Florida street address of the initial registered agent are:

ARI DISPENZA
390 NW 27th Street
Miami, Florida 33127

ARTICLE IV – Managers

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

<u>Title</u>	<u>Name and Address</u>
Manager	ARI DISPENZA 390 NW 27 th Street Miami, Florida 33127
Manager	MARLEN DISPENZA 390 NW 27 th Street Miami, Florida 33127

[SIGNATURE PAGE FOLLOWS]

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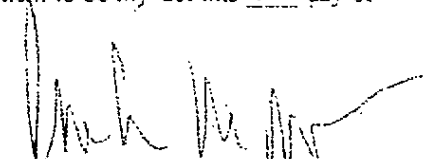
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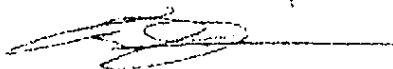
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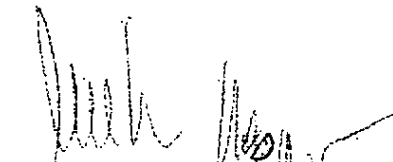
IN WITNESS WHEREOF, I have signed these Articles of Organization as an authorized representative of a member and acknowledge them to be my act this 30 day of November, 2021.


Name: Ari Dispenza
Title: Manager


Name: Marlen Dispenza
Title: Manager

(In accordance with Section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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 Section 817.155, F.S.)


Name: Ari Dispenza
Title: Manager


Name: Marlen Dispenza
Title: Manager

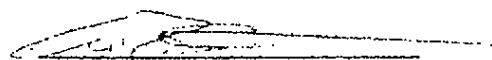
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STATEMENT ACCEPTING APPOINTMENT AS REGISTERED AGENT

I hereby accept the designation as registered agent to accept service of process for the above stated limited liability company at the place designated in this statement. I am familiar with and accept the obligations of my position as registered agent under Chapter 605, Florida Statutes.

(In accordance with Section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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 Section 817.155, F.S.)

Signature of Registered Agent


By: Ari Dispenza
Title: Manager

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