L21000524874

(R	equestor's Name)	
(A	ddress)	<u> </u>
(A	ddress)	
(C	ity/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL.
(B	usiness Entity Nar	ne)
(D	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer	
<u> </u>		

Office Use Only



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2021 DEC 14 AM 8: 07 SECRETARY OF STATI

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OBJ.

112/15/21

CAPITAL CONNECTION, INC.

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

Domain Professionals	Leasing, LLC	2		
				
		<u> </u>		
				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
		Ì		RA Resignation
				Dissolution / Withdrawal
				Annual Report / Reinstatement
				Сеп. Сору
				Photo Copy
				Certificate of Good Standing
				Certificate of Status
				Certificate of Fictitious Name
				Corp Record Search
				Officer Search
				Fictitious Search
				Fictitious Owner Search
Signature				Vehicle Search
				Driving Record
Requested by: SETH				UCC 1 or 3 File
	. <u> </u>			UCC 11 Search
Name	Date	Time		UCC II Retrieval
Walk-In	Will Pick Up			Courier

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

2021 DEC 14 AM 8: 08

SECRETARY OF STATE TALLAHASSEE, FL

ARTICLE I - Name:

The name of the Limited Liability Company is:

(Must contain the words "Limited Liab	bility Company, "L.L.C.," or "LLC.")
E II - Address: ing address and street address of the principal offic Principal Office Address:	te of the Limited Liability Company is: Mailing Address:
12378 SW 82nd Avenue Miami, FL 33165	12378 SW 82nd Avenue Miami, FL 33165

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

Jeff Greenberg		
	Name	
12378 SW 82nd Av	enue	
Florida street addre	ss (P.O. Box <u>NOT</u> ac	rceptable)
Miami	FL.	33165
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 abligations of my position as registered agent as provided for in Chapter 605, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

Title:	Name and Address:	
"MGR" = Ma	athorized Member	
MGR	Jeff Greenberg	
MAN	12378 SW 82nd Avenue	r.
	Miami, Fl. 33165	7
	Miami, Fl. 33165 TALLAHAS SEE	. 1
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If an effective date is the date of filing.) <u>Note:</u> If the date inser	date, if other than the date of filing:	
ARTICLE VI: Other p	ovisions, if any.	
REOUTRED	SIGNATURE:	
	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 faise information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155. F.S.	
	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)