

**L2100052778**

Florida Department of State  
Division of Corporations  
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**FLORIDA LIMITED LIABILITY CO.  
ELYSSE 4302 LLC**

Certificate of Status	1
Certified Copy	0
Page Count	03
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SECRETARY OF STATE  
TALLAHASSEE, FL

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**ARTICLES OF ORGANIZATION FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is: *(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")*

Elysse 4302 LLC

**ARTICLE II - Address:**

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

7000 Island Blvd Unit 1609  
Aventura, FL 33160

**ARTICLE III - Registered Agent, Registered Office:**

The name and the Florida street address of the registered agent are: *(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.)*

ANDERSON CASTRO, P.A.  
2103 Coral Way, Suite 800  
Miami, Florida 33145

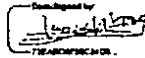
**ARTICLE IV-**

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

Manager  
JOSE GERSHBERG CHOMER  
7000 Island Blvd Unit 1609  
Aventura, FL 33160

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F110

**Required Signatures:**  
Digitally signed by \_\_\_\_\_  
DN: cn=\_\_\_\_\_, o=\_\_\_\_\_, ou=\_\_\_\_\_, email=\_\_\_\_\_, c=\_\_\_\_\_**Signature of a member or an authorized representative of a member.**

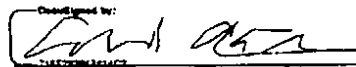
In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

**JOSE GERSHBERG CHOMER**

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**Typed or printed name of signee**

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..

  
Digitally signed by \_\_\_\_\_  
DN: cn=\_\_\_\_\_, o=\_\_\_\_\_, ou=\_\_\_\_\_, email=\_\_\_\_\_, c=\_\_\_\_\_**Registered Agent's Signature (REQUIRED)**

FEB 10 2022

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TALLAHASSEE, FL