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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (950) 617-6381

From:

Account Name : Vcorp SERVICES, LLC
Account Number : T20080000067
Phone : (845) 425-0077
Fax Number : (845) 818-3586

****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.
4501 Royal Palm LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

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December 29, 2021

FLORIDA DEPARTMENT OF STATE
Division of Corporations

VCORP SERVICES, LLC

SUBJECT: 4501 ROYAL PALM LLC
REF: W21000162209

2021 DEC 29 AM 10:12

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

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

If you have any further questions concerning your document, please call (850) 245-6051.

Suzanne Hawkes
Regulatory II
Foreign RegistrationFAX Aud. #: H21000469423
Letter Number: 921A00031412

ATTENTION REVIEWER: THIS IS A DOMESTIC
LLC.

DocuSign Envelope ID: E0208B09-0478-44F2-B231-68AB2DD03F13

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

4501 Royal Palm 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:**Mailing Address:**4501 Royal Palm AvenueMiami Beach, FL 331404501 Royal Palm AvenueMiami Beach, FL 33140**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:

Adam CohenNone4501 Royal Palm AvenueFlorida street address (P.O. Box **NOT** acceptable)Miami BeachFL33140CityStateZip

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 ~~his~~ 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, FS



 Registered Agent's Signature **(REQUIRED)**

(CONTINUED)

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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

AMBRAdam Cohen4501 Royal Palm AvenueMiami Beach, FL 33140

(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:

DocuSigned by:



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.

Adam Cohen

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)

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