1220000008277

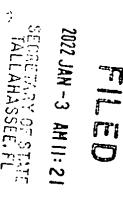
(Re	equestor's Name)					
(Ad	idress)					
(Address)						
(City/State/Zip/Phone #)						
PICK-UP	☐ WAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies	ed Copies Certificates of Status					
Special Instructions to Filing Officer:						

Office Use Only



300378647553

1 - 1--- 1/2--- 03 **125.00



COVER LETTER

TO:	New Filing Se Division of Co				
SURJE	19995 LLC	С			
3020		Name of	Limited Lia	bility Company	····
The end	closed Articles of	f Organization and fee(s) are submit	ted for filing.	
Please	return all corresp	ondence concerning this	matter to the	ne following:	
	Jos ep h J. Po	ortuondo, Esq.			
			Name	of Person	
	Law Offices	s of Joseph J. Portuondo	•		
		1	Firm	Company	
	110 Merrick	Way, Suite 3-B			
	 -		A	idress	······································
	Coral Gable	s, Florida 33134			
		1-1	City/State	and Zip Code	
	jjp@portuono				· · ·
		E-man address: (to be d	sea for nitu	e annual report notificat	ion)
For furth	er information co	oncerning this matter, pl	ease call:		
	Joseph J. Por		305	666-6640	
	Nan	ne of Person	Area Code	Daytime Telephon	e Number
Enclose	ed is a check for t	the following amount:			
	5.00 Filing Fee	□\$130.00 Filing Fee Certificate of Status	Ccr	155.00 Filing Fee & tified Copy onal copy is enclosed)	U\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailir	ng Address		Street Address	
New Filing Section Division of Corporations P.O. Box 6327			New Filing Section D		
			The Centre of Tallah		
		30x 0327 assee, FL 32314		2415 N. Monroe Stre Tallahassee, FL 3230	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Comp	pany is:			
19995 LLC				
(Must contain the	words "Limited	Liability Company, '	L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of	of the principal o	office of the Limited	Liability Company is:	
Principal Office	e Address:		Mailing Address:	
19995 South Dixie Highway		110 1	1errick Way	
Miami, FL 33157		Suite	Suite 3-B	
		Cora	Gables, FL 33134	
The name and the Florida street address <u>Josep</u>	of the registered oh J. Portuondo,	Esq.		
		Name		
110 M	Merrick Way, Si	uite 3-B		
		s (P.O. Box NOT ac	ceptable)	
Coral	Gables	Florida	33134	
	City	State	Zip	
laving been named as registered agent an lace designated in this certificate, I hereb irther agree to comply with the provisions m familiar with and accept the obligation	y accept the app s of all statutes re	ointment as registere elating to the proper i	l agent and agree to act in this c ind complete performance of my	apacity. I duties, and I
**		ered Agent's Signatu	(BEGLUBER)	

(CONTINUED)



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 Scott Collman 21161 S.W. 88 Court MGR Cutler Bay, FL 33189-3710 AMBR Robert M. Schoenthal 4517 N. E. 21 Street Ft. Lauderdale, FL 33308 N/A N/A (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: January 2, 2022 _. (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. N/A REQUIRED 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 false information submitted in a document to the Department of State

Typed or printed name of signee

<u>Filing Feer:</u>

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

Robert M. Schoenthal

constitutes a third degree felony as provided for in s.817.155, F.S.

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)