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Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer	
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CAPITAL CONNECTION, INC.

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

WA 8703 LLC	
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Art of Inc. File	
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L.C. File	
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Trade/Service Mar	rk
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Dissolution / With	drawal
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Requested by: SETH UCC 1 or 3 File_	
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Name Date Time	
Walk-In Will Pick Up Courier	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

WA 8703, LLC		1.11. 0		
(Must o	contain the words "Limited Lia	bility Company	"L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and stre	ect address of the principal offic	ce of the Limited	Liability Company is:	
Principal Office Address:			Mailing Addres	<u>is:</u> :
1720 HARRISON STREET		172	1720 HARRISON STREET	
UNIT 17A			UNIT_17A	
<u>HOLLYWOOD,</u>	FL 33020		LLYWOOD, FL 33020	
·	an active Florida registration.) reet address of the registered ag			
	LAW OFFICES OF SCO		, PA	
	.14	ame		
	3201 W COMMERCIAI			
	Florida street address (P	P.O. Box <u>NOT</u> a	cceptable)	
	FORT LAUDERDALE	FL	33309	
	City	State	Zip	
	red agent and to accept service of			
lace designated in this certific orther agree to comply with the	cate, I hereby accept the appoint we provisions of all statutes relati e obligations of my position as r	ment as register ing to the proper registered figent	ed agent and agree to act in and complete performance as provided for in Chapter 6	this capacity. I of my duties, and I
lace designated in this certific orther agree to comply with the	cate, I hereby accept the appoint we provisions of all statutes relati e obligations of my position as r	ment as register ing to the proper registered figent	ed agent and agree to act in and complete performance	this capacity. I of my duties, and I 05, F.S
lace designated in this certific orther agree to comply with the	cate, I hereby accept the appoint te provisions of all statutes relati e obligations of my position as re Registered	ment as register ing to the proper registered figent	ed agent and agree to act in and complete performance as provided for in Chapter 6	this capacity. I of my duties, and I

ARTICLE IV-

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

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager <u>MGR</u>	EYAL MEHABER 1720 HARRISON STREET, UNIT 17A HOLLYWOOD, FL 33020
(Use attachment if necessary) ARTICLE V: Effective date if other than the da	ite of filing: (OPTIONAL)
(If an effective date is listed, the date must be s the date of filing.)	specific and cannot be more than five business days prior to or 90 days after t meet the applicable statutory filing requirements, this date will not be listed as
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	
This document is exec I am aware that any fal	member or an authorized representative of a member. Stated in accordance with section 605.0203 (1) (b), Florida Statutes. Use information submitted in a document to the Department of State are felony as provided for in s.817.155, F.S.
_	NK. ESQ., DULY AUTHORIZED

as

Filing Fees:

Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certified Copy (Optional)

- \$ 5.00 Certificate of Status (Optional)