220000 22850

	(Requestor's Name)	
	(Address)	
	(Address)	
	(City/State/Zip/Phone #)	
PICK-U	P WAIT	MAIL
	(Business Entity Name)	
	(Document Number)	
Certified Copies	Certificates of	Status
Special Instructions	s to Filing Officer.	
<u> </u>		

Office Use Only



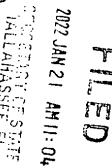
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CAPITAL CONNECTION, INC.

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

WA 8403 LLC		
		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
		RA Resignation
		Dissolution / Withdrawal
		Annual Report / Reinstatement
		Cert. Copy
		Photo Copy
		Certificate of Good Standing
		Certificate of Status
		Certificate of Fictitious Name
		Corp Record Search
		Officer Search
		Fictitious Search
Signature		Fictitious Owner Search
		Vehicle Search
		Driving Record
Requested by: SETH	1	UCC 1 or 3 File
Name	Date Time	UCC 11 Search
	77 P. 1 7	UCC 11 Retrieval
Walk-In	• —	Courier

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:	. ·			
The name of the Limited Liability	Company is:			
WA 8403, LLC			555	
(Must contai	n the words "Limited Liab	ility Comp	any, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street add	dress of the principal office	e of the Lin	ited Liability Company is:	
<u>Principal</u>	Office Address:		Mailing Addre	ess:
1720 HARRISON STI	REET		1720 HARRISON STREET	
UNIT 17A			JNIT 17A	
HOLLYWOOD, FL 33	3020		HOLLYWOOD, FL 33020	
The name and the Florida street ad	LAW OFFICES OF SCO	TT A FRA		
	3201 W COMMERCIAL Florida street address (P.			
	rionda sirect address (r.	O. Box <u>NO</u>	1 acceptable)	
	FORT LAUDERDALE	FL	33309	
	City	State	Zip	
Having been named as registered agplace designated in this certificate, I further agree to comply with the provam familiar with and accept the oblig	hereby accept the appoints visions of all statutes relating ations of my position as re	nent as regi. ng to the pro gistered ag	stered agent and agree to act in oper and complete performance	this capacity. I of my duties, and I
				6
	(C	ONTINITE	n)	رى ئ

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	EYAL MEHABER
	1720 HARRISON STREET, UNIT 17A
	HOLLYWOOD, FL 33020
·	
(Use attachment if necessary)	
•	
TICLE V: Effective date, if other than the	date of filing: (OPTIONAL)
TICLE V: Effective date, if other than the an effective date is listed, the date must h	date of filing: (OPTIONAL) ne specific and cannot be more than five business days prior to or 90 days afte
TICLE V: Effective date, if other than the an effective date is listed, the date must he date of filing.)	pe specific and cannot be more than five business days prior to or 90 days afte
TICLE V: Effective date, if other than the an effective date is listed, the date must b date of filing.) te: If the date inserted in this block does	be specific and cannot be more than five business days prior to or 90 days after not meet the applicable statutory filing requirements, this date will not be listed
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TICLE V: Effective date, if other than the an effective date is listed, the date must he date of filing.) te: If the date inserted in this block does document's effective date on the Department of Ticle VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of This document is explained.	not meet the applicable statutory filing requirements, this date will not be listed ment of State's records.

Filing Fees:

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

SCOTT A FRANK. ESO., DULY AUTHORIZED

Typed or printed name of signee

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)