

L22000023661

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

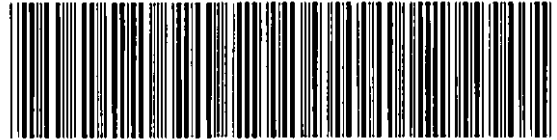
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600376783196

01/24/22--01004--005 \*\*125.00

SECRETARY OF STATE  
TALLAHASSEE, FL

2022 JAN 21 PM 4: 51

FILED

SECRETARY OF STATE  
TALLAHASSEE, FL

2022 JAN 21 PM 4: 13

RECEIVED

**CORPORATE  
ACCESS,  
INC.**

When you need ACCESS to the world

125

---

236 East 6th Avenue, Tallahassee, Florida 32303  
P.O. Box 37066 (32315-7066) - (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

---

**WALK IN**

**PICK UP:** 01/21/2022

- CERTIFIED COPY** \_\_\_\_\_
- PHOTOCOPY** \_\_\_\_\_
- CUS** \_\_\_\_\_
- FILING** LLC \_\_\_\_\_

1. 706 Briny LLC  
(CORPORATE NAME AND DOCUMENT #)
2. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
3. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
4. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
5. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
6. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL  
INSTRUCTIONS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

**706 BRINY, LLC**

**ARTICLE II - Address:**

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

**Principal Office Address:**

**705 BRINY AVE  
POMPANO BEACH, FL 33062**

**Mailing Address:**

**705 BRINY AVE  
POMPANO BEACH, FL 33062**

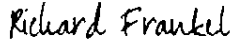
**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

The name and the Florida street address of the registered agent are:

**RICHARD FRANKEL  
705 BRINY AVE  
POMPANO BEACH, FL 33062**

**FILED  
2022 JAN 21 PM 4: 51  
SECRETARY OF STATE  
TALLAHASSEE, FL**

*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.*

DocuSigned by:  
  
782E572134BE40E  
Registered Agent's Signature

(CONTINUED)

**ARTICLE IV- Members/Managers**

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

**AMBR**

**RICHARD FRANKEL  
705 BRINY AVE  
POMPANO BEACH, FL 33062**

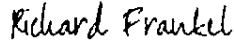
**AMBR**

**THERESA M. GUSMAN  
705 BRINY AVE  
POMPANO BEACH, FL 33062**

**ARTICLE V: EFFECTIVE DATE**

The effective date of this filing is January 21, 2022.

REQUIRED SIGNATURE:

DocuSigned by:  
  
782E672164BE40E

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.

RICHARD FRANKEL

\_\_\_\_\_  
Typed or printed name of signee