Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

Electronic Filing Cover Sheet

(((H22000050632 3)))



H220000506323ABCU

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To:

Division of Corporations

Fax Number : (850)617-6381

Frem:

Account Name : FILE RIGHT 1LC Ascount Number : [20170000091] Phone : (718)873-5611 : (718)732-4580 Pax Number

**Enter the email address for this business entity to be used for further ${\frac{1}{2}}$

annual report mailings. Enter only one email address please.** Email Address:

55

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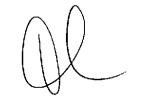
FLORIDA LIMITED LIABILITY CO.

KOSHER HOMES 11041 PEMBROKE PINES LLC

Certificate of Status	U
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

Electronic Filing Menu Corporate Filing Menu

Help



Fax Reference: H22000050632 3

COVER LETTER

	· ·			
	w Filing Section vision of Corporations			
	KOSHER HOMES 11041 PEMB	ROKE PINES L	LC	
SUBJECT:	Name of	Limited Liabilit	y Company	
The enclose	d Articles of Organization and feets) are submitted .	or filing.	
Please retur	n all correspondence concerning this	s matter to the fo	llowing:	
		Name of	Person	2022
	FILE RIGHT LLC			FEB -8 AM St.
		Firm/Cor	apany	
	5314 16TH AVENUE SUITE 139			DE S MI
		Addro	SS	ATT.
	BROOKLYN, NY 11204			
		City/State and	1 Zip Code	
- -	sales@fileacorp.com E-mail address: (to be i	used for future a	mual report notification)	
For further in	ntormation concerning this matter, p			
	Sara	718 t (878-5811)	
	Name of Person	Area Code	Daytime Telephone Number	_
Enclosed is	a check for the following amount:			
	ling Fee S130 00 Filing Fee Certificate of Statu	s —Certili	ed Copy Certificat al copy is enclosed) Certified	filing Fee, te of Status & Copy copy is enclosed)
	MailingAddress New Filing Section Division of Corporations P.O. Box 6327		StreetAddress New Filing Section Division of Corporations Chilton Building	
	Tallahassee, FL 32314		2661 Executive Center Circle Tallahassee, FL 32301	

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Mailing Address:

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ARTICLESOF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

2022-02-08 14:32.48 GMT

ARTICLE I - Name:

The name of the Limited Liability Company is:

KOSHER HOMES 11041 PEMBROKE PINES LLC

Principal Office Address:

(Must contain the words "Limited Liability Company, "L.I..C.," or "LLC.")

ARTICLE II - Address:

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

The state of the s	
10454 SW 54TH STREET	10454 SW 54TH STREET
COOPER CITY, FL 33328	COOPER CITY, FL 33328

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:

SHMUEL CHANIN		
	Name	
10454 SW 54TH <u>\$T</u> I	REET	
Florida street address	s (P.O. Box <u>NOT</u> ac	eceptable)
COOPER CITY	FL	33328
City	State	Zip

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. Thereby accept the appointment as registered agent and agree to act in this capacity. In further agree to comply with the provisions of all stanues relating to the proper and complete performance of my duties, and the provisions of all stanues relating to the proper and complete performance of my duties, and the provisions of all stanues relating to the proper and complete performance of my duties. am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. $\frac{2}{3}$

/s/ Shmuel Chanin	
Registered Agent's Signature (REQUIRED)	
(CONTINUED)	

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Fax Reference: H22000050632 3

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager AMBR	WELLSPRINGS DIRECT LLC
MAIDIX	10454 SW 54TH STREET
	COOPER CITY, FL 33328
(Use attachment if necessary) CLE V: Liffective date, if other than the	date of filing:
CLEV: Lifective date, if other than the effective date is listed, the date must b te of filing.) If the date inserted in this block does it.	date of filing:
CLE V: Lifective date, if other than the effective date is listed, the date must be te of filing.) If the date inserted in this block does not meeting the Department's effective date on the Department.	not meet the applicable statutory filing requirements, this date will not be sent of State's records.
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Filing Fees:

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

\$ 30.00 Certified Copy (Optional)

S 5.00 Certificate of Status (Optional)