## 

(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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## FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

02/16/22

NAME: FL PONDELLA 136 LLC

TYPE OF FILING: ARTICLES

COST:

125.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

attodage

## **COVER LETTER**

•		20,	ENECTIEN	
TO:	New Filing Sec Division of Cor			
SUBJE	CT:	Name of Lim	ited Liability Company	
The enc	losed Articles of	Organization and fee(s) are	submitted for filing.	
Please r	eturn all correspo	ondence concerning this ma	tter to the following:	
		TGINYS	3744@GMAIL.COM Name of Person	
			, and of the second	
	· · · · · · · · · · · · · · · · · · ·	<del></del>	Firm/Company	
	<del> </del>		Address	· · · · · · · · · · · · · · · · · · ·
Ü		C	ity State and Zip Code	
		E-mail address: (to be used	for future annual report notificati	on)
For furth	er information co	ncerning this matter, please	e call:	
•	Nam		rea Code Daytime Telephon	
Enclose	ed is a check for t	he following amount:		
□\$125	5.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	☐\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address
New Filing Section
Division of Corporations

Street Address
New Filing Section Division
The Centre of Tallahassee

FILED SECRETARY OF STATE	.,'
THAT OF STATE	sj.c

ARTICLES OF ORGANIZATION FOR FLORIDA	LIMITED LIABILITY COMPANY	SECRETARY OF STATE
ARTICLE I - Name:		MULTALL SECURE ALTERNATION
The name of the Limited Liability Company is:		2022 FEB 16 PM 1: 25
FL PONDELLA 136 L	LLC	
(Must contain the words "Limited Liability C	Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the principal office of the	e Limited Liability Company is:	
Principal Office Address:	Mailing Addr	ess:
3534 NE 167TH STREET #9	3534 NE 167TH STREET #	19
NORTH MIAMI BEACH, FL33160	NORTH MIAMI BEACH, FL	33160
ARTICLE III - Registered Agent, Registered Office, & Registered (The Limited Liability Company cannot serve as its own Registere another business entity with an active Florida registration.)	d Agent. You must designate an inc	dividual or
The name and the Florida street address of the registered agent are	::	
ANDREW SH	LOMOVICH	
Name		
3534 NE 167TH STR	EET #9	
Florida street address (P.O. Bo	ox <u>NOT</u> acceptable)	

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.

FL

State

NORTH MIAMI BEACH

City

Registered Agent's Signature (REQUIRED)

33160

Zip

(CONTINUED)

<u>Title:</u> "AMBR" □ Authorized Member	Name and Address:	
"MGR" = Manager		
MGR	ANDREW SHLOMOVICH	
111011	3534 NE 167TH STREET #9	
	NORTH MIAMI BEACH, FL33160	
	· · · · · · · · · · · · · · · · · · ·	
fective date is listed, the date must be s	te of filing: (OPTIONAL)  pecific and cannot be more than five business days prior to or	90
LE V: Effective date, if other than the date testive date is listed, the date must be so of filing.)	specific and cannot be more than five business days prior to or meet the applicable statutory filing requirements, this date will	
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