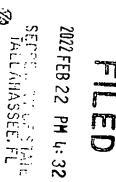
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(Requestor's Name)
(Address)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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			WALK IN
		PICK U	UP: <u>2/21 DANNY</u>
	※ ✓ □ xx	CERTIFIED COPY PHOTOCOPY CUS FILING	LLC
1.		34 NE 16 PLACE, LLC (CORPORATE NAME AND DOCUMEN	NT #)
2.			
3.		(CORPORATE NAME AND DOCUMEN	
4.		(CORPORATE NAME AND DOCUMEN	NT#)
5.		(CORPORATE NAME AND DOCUMEN	NT #)
6.	-	(CORPORATE NAME AND DOCUMEN	NT #)
SPI	ECIAI		NT #)
INS	1KU	CTIONS:	

COVER LETTER

TO:	New Filing Se Division of Co				
SUBJE	34)	NE 16 PLACE, LLC			
00001		Name of L	Limited Liabil	ity Company	
The end	closed Articles o	f Organization and fee(s)	are submitted	for filing.	
		pondence concerning this			
	Ilai Drore	;			
			Name of	Person	
			Firm/Co	mpany	
	3310 Lake	Ridge Lane			
			Addre	ess	
	Weston, FL	33332			
			City/State and	d Zip Code	
	orianlle1@ic		J 6		
or furth		E-mail address: (to be use oncerning this matter, plea		nnuai report notificat	ion)
or turine					
	Ilai Drore		954 	266-9115)	
	Narr	ne of Person	Area Code	Daytime Telephon	e Number
Enclosed	d is a check for t	he following amount:			
	00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	Certifie	.00 Filing Fee & d Copy I copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed
	<u>Mailin</u>	ı <u>g Address</u>	<u> </u>	Street Address	
		iling Section		New Filing Section Di	
		on of Corporations ox 6327		The Centre of Tallaha 1415 N. Monroe Stre	
		assee, FL 32314		Callahassee, FL 3230	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liabil	ity Company is:			
	34 NE 16 PLA			
(Must con	tain the words "Limited	d Liability Comp	pany, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street a	iddress of the principal	office of the Lin	nited Liability Company is:	
Princip	oal Office Address:		Mailing Address:	
3310 Lake Ridge La	ne		3310 Lake Ridge Lane	
Weston, FL 33332			Weston, FL 33332	
(The Limited Liability Company another business entity with an The name and the Florida street	active Florida registrati	on.) d agent are:	ent. You must designate an individual or	
	Florida street addres		OT acceptable)	
	Weston	FL	33332	
	City	State	Zip	
lace designated in this certificate, urther agree to comply with the pr	I hereby accept the app ovisions of all statutes r ligations of my position	pointment as reg relating to the pr as registered ag LAI DRORE	r the above stated limited liability company at istered agent and agree to act in this capacity. oper and complete performance of my duties, a sent as provided for in Chapter 605, F.S	I
		(CONTINUE	CD)	

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2020

	Name and Address;
"AMBR" = Authorized Member "MGR" = Manager	
MGR	Ilai Drore
	3310 Lake Ridge Lane
	Weston, FL 333
(Use attachment if necessary)	
CLE V: Effective date, if other than the da	ate of filing: <u>02/22/2022</u> . (OPTIONAL)
CLE V: Effective date, if other than the da effective date is listed, the date must be	ate of filing: <u>02/22/2022</u> (OPTIONAL) specific and cannot be more than five business days prior to or 90 days after
CLE V: Effective date, if other than the date effective date is listed, the date must be to of filing.)	specific and cannot be more than five business days prior to or 90 days afte
CLE V: Effective date, if other than the date effective date is listed, the date must be to of filing.) If the date inserted in this block does no	specific and cannot be more than five business days prior to or 90 days afte at meet the applicable statutory filing requirements, this date will not be listed
CLE V: Effective date, if other than the date effective date is listed, the date must be to of filing.) If the date inserted in this block does not be determined in the Department of the Department.	specific and cannot be more than five business days prior to or 90 days aftent of the applicable statutory filing requirements, this date will not be listed
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CLE V: Effective date, if other than the date effective date is listed, the date must be see of filing.) If the date inserted in this block does no cument's effective date on the Department of the Other provisions, if any. REQUIRED SIGNATURE:	specific and cannot be more than five business days prior to or 90 days after the applicable statutory filing requirements, this date will not be listed not of State's records. [LA] DRORE
CLE V: Effective date, if other than the date effective date is listed, the date must be see of filing.) If the date inserted in this block does no cument's effective date on the Department of the Department o	specific and cannot be more than five business days prior to or 90 days after the applicable statutory filing requirements, this date will not be listed not of State's records. LAI DRORE LAI DRORE
CLE V: Effective date, if other than the date effective date is listed, the date must be te of filing.) If the date inserted in this block does no ecument's effective date on the Department of the CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a remainder of the comment is executed the comment	specific and cannot be more than five business days prior to or 90 days aft of meet the applicable statutory filing requirements, this date will not be listed int of State's records. [LA] DRORE

Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)

Typed or printed name of signee

ILAI DRORE

ARTICLE IV-

