L220000 74206

	(Requestor's Name)
-	(Address)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
	(Business Entity Name)
	(Dusiliess Effuty Name)
	(Document Number)
Certified Copies	Certificates of Status
r 	·
Special Instructions t	o Filing Officer:

Office Use Only



800382280218

92/22/22--01031--019 **125.00



2022 FEB 22 PM 3: 09

CAPITAL CONNECTION, INC.

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

· · · · · · · · · · · · · · · · · · ·				
URBAN ROOST 1 LI	_C			
		Ļ		
· · · · · · · · · · · · · · · ·				
				Art of Inc. File
				LTD Partnership File
				Foreign Corp. File
				L.C. File
				Fictitious Name File
				Trade/Service Mark
				Merger File
		1		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
o.g.iaccire				Vehicle Search
				Driving Record
Requested by: SETH	02/22/22			UCC 1 or 3 File
	$\frac{02/22/22}{2}$	Time		UCC Search
Name	Date	Time		UCC 11 Retrieval
Walk-In	Will Pick Up			Courier

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Urban Roost			
(Mi	ust contain the words "Limited Link	bility Company, "	'L.L.C.," or "LLC.")
TICLE II - Address			
mailing address and	street address of the principal offic	e of the Limited 1	Liability Company is:
!	Principal Office Address:		Mailing Address:
7301 SW 57t	Ct., Box 1	7301	SW 57th Ct., Box 1
South Miami, TICLE III - Register the Limited Liability Countries there business entity were	red Agent, Registered Office, & Fompany cannot serve as its own Revith an active Florida registration.)	Registered Agen gistered Agent, Y	
South Miami, TICLE III - Register the Limited Liability Countries there business entity were	red Agent, Registered Office, & F ompany cannot serve as its own Re	Registered Agen gistered Agent, Y	t's Signature:
South Miami, TICLE III - Register the Limited Liability Countries there business entity were	red Agent, Registered Office, & Formpany cannot serve as its own Repith an active Florida registration.) street address of the registered agentation between the properties of the registered agentation.	Registered Agen gistered Agent. Y ent arc:	t's Signature:
South Miami, TICLE III - Register the Limited Liability Countries there business entity were	red Agent, Registered Office, & Formpany cannot serve as its own Repith an active Florida registration.) street address of the registered agentation between the properties of the registered agentation.	Registered Agen gistered Agent, Y	t's Signature:
South Miami, TICLE III - Register the Limited Liability Countries there business entity were	red Agent, Registered Office, & Formpany cannot serve as its own Repith an active Florida registration.) street address of the registered agentation between the properties of the registered agentation.	Registered Agen gistered Agent. Y ent arc:	t's Signature:
South Miami, TICLE III - Register the Limited Liability Countries there business entity were	red Agent, Registered Office, & Formpany cannot serve as its own Repith an active Florida registration.) a street address of the registered age Brandon Lurie	Registered Agen gistered Agent, Y ent arc:	t's Signature: 'ou must designate an individu
South Miami, TICLE III - Register the Limited Liability Countries there business entity were	red Agent, Registered Office, & Formpany cannot serve as its own Register and active Florida registration.) a street address of the registered age Brandon Lurie No. 1301 SW 57th Ct., Box 1	Registered Agen gistered Agent, Y ent arc:	t's Signature: 'ou must designate an individu

to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and Iam familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)



	Name and Address: - Authorized Member - Manager	
<u>MGR</u>	Brandon Luric 7301 SW 57th Ct., Box 1 South Miami FI 33143	
<u>MGR</u>	Steven Kein 4770 Biscayne Blvd., Suite 400 Miami, FL 33137	
	<u> </u>	
		
(Use attac	ichment if necessary)	
TICLE V: Effe in effective dat date of filing.)	fective date, if other than the date of filing:(Content is listed, the date must be specific and cannot be more than five business date is listed.	sys prior to or 90 days af
FICLE V: Effe in effective dat date of filling.) te: If the date i	ective date, if other than the date of filing: (O	sys prior to or 90 days at
FICLE V: Effective date of filling.) te: If the date if document's eff	ective date, if other than the date of filing:	sys prior to or 90 days al
TICLE V: Effective date of filing.) te: If the date idocument's eff	fective date, if other than the date of filing: (Content is listed, the date must be specific and cannot be more than five business date inserted in this block does not meet the applicable statutory filing requirements, fective date on the Department of State's records. The provisions, if any.	sys prior to or 90 days af , this date will not be liste
TICLE V: Effects of effective date of filing.) te: If the date i document's eff	fective date, if other than the date of filing:	sys prior to or 90 days af , this date will not be liste
TICLE V: Effective date of filing.) te: If the date i document's eff	fective date, if other than the date of filing: (Cote is listed, the date must be specific and cannot be more than five business date inserted in this block does not meet the applicable statutory filing requirements, fective date on the Department of State's records. her provisions, if any.	tys prior to or 90 days af
TICLE V: Effective date of filing.) te: If the date i document's eff	fective date, if other than the date of filing:	this date will not be listed this date will not be listed the listed this date will not be listed the listed this date.
TICLE V: Effective date of filing.) te: If the date i document's eff	Signature of a member or an authorized representative of a member or an authorized representative of a me aware that any false information submitted in a document to the Department of the Department of State of a member or an authorized representative of a member or an authorized repre	this date will not be listed this date will not be listed the listed this date will not be listed the listed this date.
TICLE V: Effe an effective date date of filing.) ste: If the date is document's eff TICLE VI: Oth	Signature of a member or an authorized representative of a me This document is executed in accordance with section 605.0203 (1) (b), I am aware that any false information submitted in a document to the Department to the Department of submitted in a submitted in	this date will not be listed this date will not be listed the listed this date will not be listed the listed this date.