

	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:	

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Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301 850.656.7956

Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com

incserv

ORDER FORM

FROM

Melissa Moreau

TO Florida Department of State The Centre of Tallahassee 2415 North Monroe Street, Suite 810 Tallahassee, FL 32303

mmoreau@incserv.com 850.656.7953 corphelp@dos.myflorida.com

REQUEST DATE 2/24/2022

PRIORITY Regular Approval

OUR REF_# (Order_ID#) 1002900

ORDER ENTITY

305 DEVELOPMENT GROUP, LLC

850-245-6051

PLEASE PERFORM THE FOLLOWING SERVICES:	
305 DEVELOPMENT GROUP, LLC (FL)	
New LLC filing	

NOTES: \$125.00 Authorized

Email address for annual report reminders: ;shelems@sundocfilings.com 1

RETURN/FORWARDING INSTRUCTIONS: ACCOUNT NUMBER: 120050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liabili	ity Company is:				
305 Development G	roup, LLC				
(Must con	tain the words "Limited	d Liability Compa	iny, "L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street a	ddress of the principal	office of the Lim	ited Liability Company is:		
Princip	al Office Address:		Mailing Address:		
5785 S. University D Davie, FL 33328)r		785 S. University Dr.	<u> </u>	
			Davie, FL 33328		
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a	cannot serve as its ow	n Registered Age	nt. You must designate an individual o	or	
The name and the Florida street			<u>2</u> .	2022 SFC	
	Bodner Law Group,	PLLC			CERTIFICATION OF THE PERSON OF
		Name	йн А	· β2	
	5785 S. University I	Or.	Ý S	<u>;</u>	; := 20
	Florida street addre		T acceptable)	∵ 7 <u>P</u>	
	Davie	FL	33328	60 -	
	City	State	Zip	30	

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..

Wendi R. Rosen, for Bodner Law Group, PLLC Registered Agent's Signature (REQUIRED)

(CONTINUED)

<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGR	Joseph Atarien 215-54 Jamaica Ave. Queens Village, NY 11428
	SF CO
	EB 24 PM
	77.24
	<u> </u>
(Use attachment if necessary)	110
LE V: Effective date, if other than the date ffective date is listed, the date must be spen of filling.) If the date inserted in this block does not	e of filing:
LEV: Effective date, if other than the date ffective date is listed, the date must be specifiling.)	e of filing:
LE V: Effective date, if other than the date ffective date is listed, the date must be specifiling.) If the date inserted in this block does not ument's effective date on the Department.	e of filing:
ILE V: Effective date, if other than the date ffective date is listed, the date must be specifiling.) If the date inserted in this block does not ument's effective date on the Department LE VI: Other provisions, if any. REQUIRED SIGNATURE:	e of filing: (OPTIONAL) pecific and cannot be more than five business days prior to or 90 days meet the applicable statutory filing requirements, this date will not be li t of State's records.
CLE V: Effective date, if other than the date ffective date is listed, the date must be specifiling.) If the date inserted in this block does not ument's effective date on the Department LE VI: Other provisions, if any. REOUTRED SIGNATURE: Signature of a many This document is executed and aware that any fals.	e of filing:

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)