# L220000 84162

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

Office Use Only



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(850) 524-6243 PLEASE USE FUNDS FROM ACCT: 120210000160 **AMOUNT: 125.00** AUTHORIZATION SIGNATURE: 1560 NE 127 St 201, LLC **Business Name** Document Number, (if known): \_\_\_ Walk in Pick up time \_\_\_ Mail out Will wait Photocopy Certified Copy of Articles of Organization **Certificate of Status AMMENDMENTS NEW FILINGS** \_\_ Amendment Profit Resignation of R.A. Officer/Director Not for Profit X\_Limited Liability Change of Registered Agent Dissolution/Withdrawal Domestication Merger Other \_\_ CORP Conversion **REGISTERATION/QUALIFICATIONS OTHER FILINGS** Foreign filing Annual Report Limited Partnership Reinstatement Fictitious Name Statement of Revocation of Dissolution Other APOSTIL Country

' FLORIDA CAPITAL COURIER SERVICES, INC

2330 CLARE DRIVE

(850) 524-5437

TALLAHASSEE, FL 32309

**EXAMINER'S INITIALS:** 

## COVER LETTER

то:	New Filing Sec Division of Con				
		27 ST 201. LLC			
SUBJE	CT:	Name of L	imited	Liability Company	
The enc	losed Articles of	Organization and fee(s)	are subi	nitted for filing	
		ondence concerning this i		2	
	Sandra Z. Gi				
			Na	me of Person	
	JONATHAN	EH. GREEN & ASSOCI	IATES,	P.A.	
	<u> </u>	··· <u>-</u>	Fi	rn/Company	
	901 Ponce de	e Leon Boulevard, Suite	601		
			•	Address	· · · ·
	Coral Gables	s. Florida 33134			
			City/St	ate and Zip Code	
	mthlayer@gm			·	
	t,	mail address: (to be use	d for fi	ture annual report notificat	tion)
For furthe	r information coa	scerning this matter, plea	se call:		
	Sandra Z. Gre		305	372-5100	
	Name			Daytime Telephor	· · · · · · · · · · · · · · · · · · ·
Enclosed	f is a check for th	e following amount:			
		□\$130.00 Filing Fee & Certificate of Status		□\$155.00 Filing Fee & Certified Copy ditional copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		2 Address ling Section		Street Address New Filing Section D	ที่พรรเอก

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

1560 NE 127 ST 201, LLC

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

### ARTICLE II - Address:

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

#### Principal Office Address:

Mailing Address:

3545 NE 166 Street, Unit 701

North Miami Beach, Florida 33160

3545 NE 166 Street, Unit 701

North Miami Beach, Florida 33160

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:

JONATHAN II. GREEN & ASSOCIATES, P.A.

Name

901 Ponce de Leon Boulevard, Suite 601

Florida street address (P.O. Box NOT acceptable)

Coral Gables Florida 33134
City State Zip

Howing 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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

### ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	DENNYS M. LAYERLA 3545 NE 166 Street, Unit 701
	North Miami Beach, Florida 33160
(Use attachment if necessary)	
RTICLE V: Effective date, if other than the	date of filing:
f an effective date is listed, the date must b	be specific and cannot be more than five business days prior to or 90 days afte
e date of filing.)	<u> </u>
	not meet the applicable statutory filing requirements, this date will not be listed
ne document's effective date on the Departu	nent of State's records.
RTICLE VI: Other provisions, if any.	
terroris y it office providence in any.	
<u>REOUIRED</u> SIGNATURE:	
	a member or an authorized representative of a member.
	executed in accordance with section 605.0203 (1) (b). Florida Statutes.
	false information submitted in a document to the Department of State
constitutes a third d	egree felony as provided for in s.817.155, F.S.
(1 4 k les n x - m	CIDERY FOO
<u>SANDRA Z</u>	. GREEN, ESQ.  Typed or printed name of signer

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)