

2/28/22, 8:31 AM

L22000084453  
Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H22000075664 3)))



H220000756643ABC%

**Note: DO NOT** hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:  
Division of Corporations  
Fax Number : (850)617-6381

From:  
Account Name : FELDMAN & ASSOCIATES  
Account Number : 120130000018  
Phone : (305)931-0433  
Fax Number : (866)856-1462

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: paul@feldmanclosings.com

2022 FEB 28 PM 9:37

FILED  
2022 FEB 28 PM 2:04

FILED

FLORIDA LIMITED LIABILITY CO.  
18975 Collins Ave 305 LLC

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$130.00

Electronic Filing Menu

Corporate Filing Menu

Help

AS

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

18975 Collins Ave 305 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:

18975 Collins Ave., Unit 305  
Sunny Isles, FL 33160

18975 Collins Ave., Unit 305  
Sunny Isles, FL 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:

Paul Feldman, Esq.

None

2750 NE 185th Street, Suite 203

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

Aventura

FL

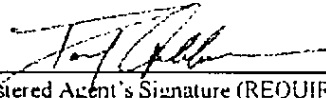
33180

City

State

Zip

*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, FS.*



Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED  
MELANIE  
STATE

2022 FEB 28 PM 2:04

FILED

**ARTICLE IV-**

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

<u>Title:</u>	<u>Name and Address:</u>
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR _____	Saad Levy 18975 Collins Ave., Unit 305 Sunny Isles, FL 33160 _____ _____ _____ _____ _____
_____	_____ _____ _____ _____ _____
_____	_____ _____ _____ _____ _____
_____	_____ _____ _____ _____ _____

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any.

---

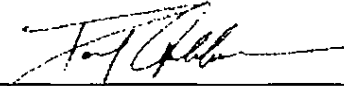


---



---

**REQUIRED SIGNATURE:**

  
 \_\_\_\_\_  
 Signature of a member or an authorized representative of a member.  
 This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.  
 I am aware that any false information submitted in a document to the Department of State  
 constitutes a third degree felony as provided for in s.817.155, F.S.  
 PAUL FELDMAN, ESO.  
 \_\_\_\_\_  
 Typed or printed name of signee

2022 FEB 28 PM 2:04  
 FILED  
 DEPARTMENT OF STATE  
 TALLAHASSEE, FL

**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)