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Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

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: (850)617-6381

From:

Account Name : FILE IT USA INC. Account Number : I20190000121 Phone : (718)925-2025 Fax Number : (718)925-2027

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

Email	Address:	

FLORIDA LIMITED LIABILITY CO. 2801 Residents LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

25

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Corporate Filing Menu

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

2801 Residents LLC

(Must conatin 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:

 16710 NE 9th Ave Apt 706
 16710 NE 9th Ave Apt 706

 North Miami Beach, FL 33162
 North Miami Beach, FL 33162

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

City

(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:

Name

16710 NE 9th Ave Apt 706

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

North Miami Beach FL 33416

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..

/s/ David Kimmel
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

Title: "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager		
MGR	David Kimmel 16710 NE 9th Ave Apt 706 North Miami Beach, FL 33162	-
AMBR	Nathan Gelb 16710 NE 9th Ave Apt 706 North Miami Beach, FL 33162	_
AMBR	Usher Brecher 16710 NE 9th Ave Apt 706 North Miami Beach, FL 33162	
		<u>-</u> -
(Use attachment if necessary)		
(If an effective date is listed, the date must be the date of filing.)	specific and cannot be more than five business days prior to or 9 of meet the applicable statutory filing requirements, this date will not of State's records.	•
ARTICLE VI: Other provisions, if any.		
		·
REOFIRED SIGNATURE:	Moian Schwartin	2022
	member or an authorized representative of a member. recuted in accordance with section 605.0203 (1) (b), Florida Statutes	2022 MAF

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.

Typed or printed name of signee

Miriam Schwartz