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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

<u>ر</u>.

Account Name : FELDMAN & ASSOCIATES

Account Number : I20130000018 : (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: naul@feldmanclosings com

FLORIDA LIMITED LIABILITY CO.

751 Tyler, LLC

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

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Page: 3 of 4

751 Tyler, LLC	
(Must contain the words "Limited Liabil	lity Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of the principal office of	of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
751 Tyler Street	751 Tyler Street
Hollywood, FL 33019	Hollywood, FL 33019
ADTROLOGIC DE CONTRA LA DESCRICACIÓN DE CONTRA DE DECENTRA DE CONTRA DE CONT	The second All Control
The Limited Liability Company cannot serve as its own Regis	
(The Limited Liability Company cannot serve as its own Registantian business entity with an active Florida registration.)	stered Agent. You must designate an individual or
The Limited Liability Company cannot serve as its own Registration business entity with an active Florida registration.)	stered Agent. You must designate an individual or
(The Limited Liability Company cannot serve as its own Registanother business entity with an active Florida registration.)  The name and the Florida street address of the registered agen	stered Agent. You must designate an individual or
	stered Agent. You must designate an individual or nt are:

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 its 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 Clapter 605, FS

Aventura

(CONTINUED)

"AMBR" = Authorized Member "MGR" = Manager	Name and Address:	
MGR	Devora Weisz 751 Tyler Street	-
	Hollywood, FL 33019	-
		<b>-</b> -
		-
		- - -
	ALEX	2022 HAR
		- A R - 1
(Use attachment if necessary)	SEC.	L AM
FICLE V: Effective date, if other than the date	c of filing (OPTIONAL)	v.
date of filing.)	pecific and cannot be more than five business days prior corporate meet the applicable statutory filing requirements, this date will not	<b>F</b>
document's effective date on the Department	t of State's records.	
TICLE VI: Other provisions, if any.		
	-1-77/10	
REQUIRED SIGNATURE:	Tof Geller	
Signature of a m This document is exect I am aware that any fals	nember or an authorized representative of a member, uted in accordance with section 605.0203 (1) (b), Florida Statutes, se information submitted in a document to the Department of State see felony as provided for in s.817.155, F.S.	

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)