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| (Requestor's Name) | | | | | |
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| (Address) | | | | | |
| (Address) | | | | | |
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| (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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Office Use Only



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RECFIVED

Incorporating Services, Ltd.

incserv^o

1540 Glenway Drive Tallahassee, FL 32301

850.656.7956 Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com

ORDER FORM

TO Florida Department of State

The Centre of Tallahassee 2415 North Monroe Street, Suite 810 Tallahassee, FL 32303 corphelp@dos.myflorida.com

Melissa Moreau FROM mmoreau@incserv.com 850.656.7953

REQUEST DATE 3/15/2022

850-245-6051

PRIORITY Regular Approval

OUR REF_#_(Order_ID#) 1016830

ORDER ENTITY

412 FAMILY PARTNERS LLC

| PLEASE PERFORM THE FOLLOWING SERVICES: | |
|--|--|
| 412 FAMILY PARTNERS LLC (FL) | |

New LLC filing

NOTES:

\$125.00 Authorized

Email address for annual report reminders: erin@servico.com

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

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.

Tuesday, March 15, 2022 Page 1 of I

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: | | ED | | | |
|--|--|----------------------------------|---|--|-----------|
| The name of the Limited Liabili | | | 2022 HAR 15 | AM 9: 30 | |
| | 412 FA | MILY PARTN | IERS LLC | | |
| (Must cont | | | pany, "L.L.C" or "LLC.") | TALLAHAS | UF STATE |
| ADTICLE H. Add | | | | | יטנני, רנ |
| ARTICLE II - Address: The mailing address and street a | ddress of the principal of | office of the Li | mited Liability Company is: | | |
| | | | , | | |
| <u>Princip</u> | al Office Address: | | Mailing Add | dress: | |
| 5600 Collins Ave, A | pt. 7D | | 5600 Collins Ave, Apt. 7D | | |
| Miami Beach, FL 33 | | | Miami Beach, FL 33140 | | |
| | | | | | |
| The name and the Florida street | address of the registere | d agent are: | | | |
| | | Name | | | |
| | 5600 Collins Ave, A | pt. 7D | | | |
| | Florida street addres | | OT acceptable) | | |
| | Miami Beach | FL | 33140 | | |
| | City | State | Zip | | |
| laving been named as registered oblace designated in this certificate, in the ragree to comply with the plan familiar with and accept the ob | , I hereby accept the app rovisions of all statutes r | pointment as regelating to the p | zistered agent and agree to ac roper and complete performa | t in this capacity. nce of my duties, c | 1 |
| | <i>m</i> | oshe Tai | ibenfeld | - | |
| | Regisi | tered Agent's S | ignature (REQUIRED) | | |

(CONTINUED)

| ARTICLE IV- |
|----------------|
| The name and a |

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

| | <u>Title:</u> | | Name and Address: | |
|--|--|-----------------------------|--|---------------|
| AMBR Daniel Taubenfeld 3600 Collins Ave, Apt. 7D Miami Beach, Fl. 33140 | | | | |
| AMBR Moshe Taubenfield Se00 Collins Ave, Apt. 7D Miami Beach, FL 33140 Se00 Collins Ave, Apt. 7D Miami Beach, F | "MGR" = Ma | mager | | |
| AMBR Moshe Taubenfield Se00 Collins Ave, Apt. 7D Miami Beach, FL 33140 Se00 Collins Ave, Apt. 7D Miami Beach, F | AMBR | | Daniel Taubenfeld | |
| Miami Beach, Fl. 33140 Moshe Taubenfeld 5600 Collins Ave, Apt. 7D Miami Beach, Fl. 33140 COPTIONAL) The State of filing: I an effective date, if other than the date of filing: I an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after e date of filing.) otte: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as e document's effective date on the Department of State's records. RTICLE 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. Scott J. Schuster | | | 5600 Collins Ave, Apt. 7D | |
| (Use attachment if necessary) RTICLE V: Effective date, if other than the date of filing: | | | Miami Beach, Fl. 33140 | |
| (Use attachment if necessary) RTICLE V: Effective date, if other than the date of filing: | | | | |
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| (Use attachment if necessary) RTICLE V: Effective date, if other than the date of filing: | | | Miami Beach FL 33140 | चुँहा का |
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| constitutes a third degree felony as provided for in s.817.155, F.S. Scott J. Schuster | | | | |
| | | | | |
| Typed or printed name of signee | | | | |
| | | | Typed or printed name of signee | - |

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)