

L22000115716

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

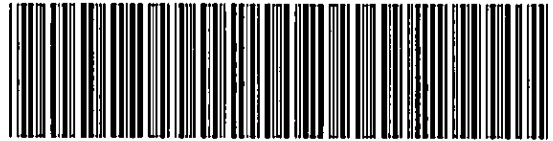
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400384052354

FILED

2022 MAR 21 AM 8:26

CLERK OF STATE
TALLAHASSEE, FL

2022 MAR 21 PM 3:35

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

PLEASE USE FUNDS FROM THIS ACCOUNT: 120210000160 AMOUNT: \$125.00

AUTHORIZATION SIGNATURE: James Galt
Edgewater Heights Luxury Group, LLC
(Business Name) Document

☐ Walk in ☐ Pick up time ☐
☐ Mail out ☐ Will wait
☐ Photocopy

☐ **Certified Copy of Articles of Incorporation and Amendment(s)**

☐ **Certificate of Status**

NEW FILINGS

☐ Profit
☐ Not for Profit
☒ Limited Liability
☐ Domestication
☐ Other
☐ **CORP**

AMENDMENTS

☐ Amendment
☐ Resignation of R.A. Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger
☐ **Conversion**

OTHER FILINGS

☐ Annual Report
☐ Fictitious Name
☐ APOSTIL () ☐
Country

REGISTRATION/QUALIFICATIONS

☐ Foreign filing
☐ Limited Partnership
☐ Reinstatement
☐ Other

EXAMINER'S INITIALS: _____

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: Edgewater Heights Luxury Group, LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Miguel Armenteros

Name of Person

Annesser Armenteros, PLLC

Firm/Company

2525 Ponce De Leon Blvd., Suite 625

Address

Coral Gables, FL 33134

City/State and Zip Code

miguel@aa-firm.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Miguel Armenteros 786 600-7446
at ()
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address

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

Street Address

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

FILED

ARTICLE I - Name:

The name of the Limited Liability Company is:

2022 MAR 21 AM 8:24

Edgewater Heights Luxury Group, LLC

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

SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLE II - Address:

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

Principal Office Address:Mailing Address:Annesser Armenteros, PLLC2525 Ponce De Leon Blvd., Suite 625Coral Gables, FL 33134Annesser Armenteros, PLLC2525 Ponce De Leon Blvd., Suite 625Coral Gables, FL 33134

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:

Annesser Armenteros, PLLC

Name

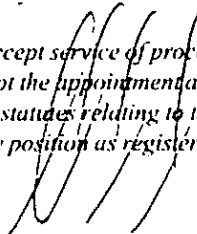
2525 Ponce De Leon Blvd., Suite 625Florida street address (P.O. Box **NOT** acceptable)Coral GablesFL33134

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, 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:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

MGR	Ben Dvir 2525 Ponce De Leon, Blvd., Ste. 625 Coral Gables, FL 33134
MGR	Shlomi Mishali 2525 Ponce De Leon, Blvd., Ste. 625 Coral Gables, FL 33134
MGR	Amos Sade 2525 Ponce De Leon, Blvd., Ste. 625 Coral Gables, FL 33134
MGR	Shabtav Kuzva 2525 Ponce De Leon, Blvd., Ste. 625 Coral Gables, FL 33134

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2022 MAR 21 AM 8:24
CLERK OF STATE
TALLAHASSEE, FL

(CONTINUED)

(Use attachment if necessary)

Attached

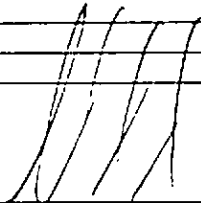
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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.

Miquel Armenteros

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)

Continuation

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

MGR

Micha Kuzva

2525 Ponce De Leon, Blvd., Ste. 625

Coral Gables, FL 33134

MGR

Gavriel Saada

2525 Ponce De Leon, Blvd., Ste. 625

Coral Gables, FL 33134

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CLERK OF STATE
TALLAHASSEE, FL

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Miguel Armenteros

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)