

L22000136617

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

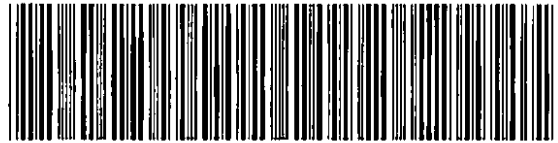
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FL

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: 650WA 1107 LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

CHARLES S SERFATY
Name of Person
SERFATY LAW PA
Firm/Company
4770 BISCAYNE BLVD SUITE 1430
Address
MIAMI, FL 33137
City/State and Zip Code
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SIOLY RODRIGUEZ 305 722.8555
at ()
Name of Person Area Code Daytime Telephone Number

■ 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

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SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

650WA 1107 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:

4770 BISCAYNE BLVD SUITE 1430 - 14 FLOC
MIAMI, FL 33137

Mailing Address:

4770 BISCAYNE BLVD-SUITE 1430
MIAMI, FL 33137

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:

SERFATY LAW PA

Name

4770 BISCAYNE BLVD SUITE 1430-14 FLOOR

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

MIAMI

FL

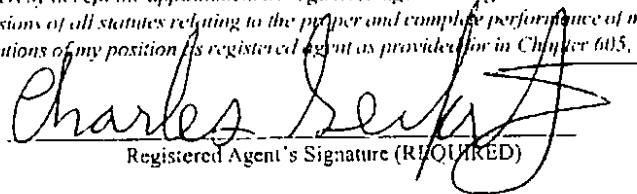
33137

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:

Name and Address:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

FRANS PREIDEL
4770 BISCAYNE BLVD SUITE 1430
MIAMI FL 33137

AMBR

DALAL PREIDEL
4770 BISCAYNE BLVD SUITE 1430
MIAMI FL 33137

(Use attachment if necessary)

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

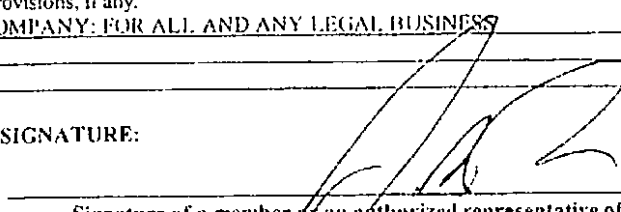
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.

PURPOSE OF THE COMPANY: FOR ALL AND ANY LEGAL BUSINESS

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.

FRANS PREIDEL

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FL

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