4000 13669

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
		}

Office Use Only



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2022 APR -1 PH 3: 05 RECEIVED

2022 APR - 1 PH 12: 16

Incorporating Services, Ltd.

incserv

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
850-245-6051

FROM

Melissa Moreau mmoreau@incserv.com 850.656.7953

REQUEST DATE 4/1/2022

PRIORITY Regular Approval

OUR REF_#_(Order_ID#) 1023269

ORDER ENTITY 1108 HARRISON LLC

PLEASE PERFORM THE FOLL	OWING SERVICES:	
1108 HARRISON LLC (FL)		

New LLC filing

NOTES:

\$125.00 Authorized

Email address for annual report reminders: gabriel@miamititlegroup.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.

Friday, April 1, 2022 Page 1 of 1

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED

ARTIC	LE L	- Name:
$\omega_{M,1,1}$	ناناباد	vause.

The name of the Limited Liability Company is:

2022 APR -1 PM 12: 16

SECRETARY OF STATE TALLAHASSEE. FL

1108 Harrison 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:

			• •
Princip	al Office Address:		Mailing Address:
4729 Jefferson Stree	t		4729 Jefferson Street
Hollywood FL 3302	1		Hollywood FL 33021
er business entity with an ame and the Florida street	active Florida registratio	on.)	gent. You must designate an individual or
	1174000 Deliveration		
		Name	<u></u>
	4729 JEFFERSON S		
	4729 JEFFERSON S Florida street addres	T	OT acceptable)
		T	OT acceptable)

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 stat_tes 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/ Mahan Bahmanpour

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Title: "AMBR" = Authorized Men "MGR" = Manager	Name and Address: ber
AMBR	Mahan Bahmanpour 4729 Jefferson Street Hollywood FL 33021
AMBR	Yuriv Munarov 4729 Jefferson Street Hollywood FL 33021
	ATARY OF S
	75.7
(Use attachment if necessary	
Sective date is listed, the date of filing.) If the date inserted in this bloc	c does not meet the applicable statutory filing requirements, this date will not be li
ffective date is listed, the date of filing.)	must be specific and cannot be more than five business days prior to or 90 days cooks not meet the applicable statutory filing requirements, this date will not be liberartment of State's records.
ffective date is listed, the date of filing.) If the date inserted in this blocument's effective date on the LE VI: Other provisions, if any REOUIRED SIGNATURE	must be specific and cannot be more than five business days prior to or 90 days of does not meet the applicable statutory filing requirements, this date will not be liberartment of State's records.

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)