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To:

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Division of Corporations

: (850)617-6381 Fax Number

From:

: FELDMAN & ASSOCIATES Account Name

Account Number : I20130000018 Phone : (305)931-0433 : (866)856-1462 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: paul@feldmanclosings.com

FLORIDA LIMITED LIABILITY CO. 1735 Arthur, LLC

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

1735 Arthur, LLC	
(Must contain the words "Limited Lia	ability Company, "L.L.C.," or "LLC.")
mailing address and street address of the principal offi	ce of the Ennited Entotity Company is:
Principal Office Address:	Mailing Address:
Principal Office Address: 433 Locust Street	Mailing Address: 433 Locust Street

The name and the Florida street address of the registered agent are:

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Paul Feldman, Esq.	·	
	Nina	
2750 NE 185th Str	eet, Suite 203	
Florida street addr	ess (P.O. Box <u>NOT</u> ac	cceptable)
Aventura	FL	33180
	State	Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company a the place designated in this certificate. I hereby accept the appointment as registered agent and agree to act in Fis 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 Out 605, FS

Registered Agent's Signature (REQUIRE D)

(CONTINUED)

ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: "AMBR" = Authorized Member "MGR" = Manager Avi Schwalb MGR 433 Locust Street Denver, CO 80220 (Use attachment if necessary) ARTICLEV: 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. Paul Feldman, Esq. Typed or printed name of signe

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)