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(((H220001374603)))



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : GERALD WEINBERG, P.C.

Account Number : I20030000043

: (800)342-9856

Fax Number

: (800)354-3381

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

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FLORIDA LIMITED LIABILITY CO. 4102 GRAN PARAISO LLC

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Certificate of Status	0
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Estimated Charge	\$125.00

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Help

No. 1533 P. 2/3

ARTICI	ŒΙ	- Na	me:
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The name of the Limited Liability Company is:

4102 GRAN PARAISO 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:

Mailing Address:

480 NE 31ST STREET	480 NE 31ST STREET
UNIT 4102	UNIT 4102
MIAMI, FLORIDA 33137	MIAMI, FLORIDA 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:

INCORPORATING SERVICES, LTD.

Name

1540 GLENWAY DRIVE

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

TALLAHASSEE FLORIDA 32301

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..

SMelissa a. Moreau- assistant Secretari Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV-

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

Title: "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager		
MGR	STEPHEN F. FUSCO 68 MERRIAM AVENUE BRONXVILLE, NEW YORK 10708	
(Use attachment if necessary)		
ARTICLE V: Effective date, if other than the d	ate of filing: (OPTIONAL)	
If an effective date is listed, the date must be he date of filing.)	specific and cannot be more than five business days prior to or 90 days after on meet the applicable statutory filing requirements, this date will not be listed	
ARTICLE VI: Other provisions, if any.		
REQUIRED SIGNATURE:	Lavrence or Sirch	
Signature of a	member or an authorized representative of a member.	

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.

LAWRENCE A. KIRSCH

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)