Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000167867 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : FILINGS, INC. Account Number : 072720000101 Phone : (954)791-2100 Fax Number : (954)583-4117

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

Email	Address:	

## FLORIDA LIMITED LIABILITY CO.

Empire 10 Cap	ital, LLC
Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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Corporate Filing Menu

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H22000167867

## COVER LETTER

TO:	New Filing S Division of C				
SUBJE	Empire I	0 Capital, LLC			
		Nı	ame of Limited L	iability Company	
The ent	closed Articles	of Organization an	d fce(s) are subm	itted for filing.	
Plcase	return all corres	pondence concerni	ing this matter to	the following:	
	Michael K	arsch			
			Nam	o of Person	
	Lorium La	w			
	<del></del> .		Firm	/Company	
	197 S. Fed	cral Highway, Suit	c 200		
			A	ddress	
	Boca Rator	ı. FL 33432			
	mkarsch@lo	riumlaw.com	City/\$tate	and Zip Code	
			be used for futu	re annual report notific	ation)
For furthe		oncerning this man		•	,
	Michael Kar	<u> </u>	561 at (	361-1000	
	Nan	ne of Person	Area Code	Daytime Telepho	one Number
Enclosed	is a check for t	he following amou	ınt:		
	00 Filling Fee	□\$130.00 Filin Certificate of S	g Fee &\$ tatusCen	155.00 Filing Fee & tified Copy onal copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	New F Divisio P.O. B	g Address iling Section on of Corporations ox 6327 assee, FL 32314		Street Address New Filing Section I The Centre of Tallat 2415 N. Monroe Str Tallahassee, FL 3230	nassee eet, Suite 810

ARTICLESO	FORGANIZATION FOR	RFLORIDA LIP	ALUED TIVBILI LA COMBANA	
ARTICLE I - Name: The name of the Limited Liabili	tu Company is:			
The time of the Elifited Elabili	ny Company Is:			
Empire 10 Capital, I				
(Must con	tain the words "Limited	Liability Corr	pany, "L.L.C.," or "LLC.")	_
ARTICLE II - Address:				
The mailing address and street a	ddress of the principal	office of the Li	imited Liability Company is:	
<u>Princip</u>	al Office Address:		Mailing Address:	
3131 NE 7th Avenue Miami, FL 33137	e, Unit 2702	<del></del>	3131 NE 7th Avenue, Unit 2702	
Witalli, FE 55157			Miami, FL 33137	_
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a	' Cannot serve as its nua	n Revistared A.	Agent's Signature: gent. You must designate an individual or	
The name and the Florida street	address of the registere	d agent arc:		
	Jaime Blaustein			
		Name	<del></del>	
	3131 NE 7th Avenue	e, Unit 2702		
	Florida street addres	is (P.O. Box N	OT acceptable)	
	Miami	) FL	33137	
	City	State	Zip	
laving been named as registered a	Petil and to account care	ion of muss f	and a state of the	

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)

## H22000167867

"AMBR" = : "MGR" = M	Authorized Member fanager	Name and Address:
MGR	<del></del>	Jaime Blaustein 3131 NE 7th Avenue, Unit 2702 Miami, Fl 33137
****		
<del></del>		
<del></del>	<del></del>	
	nent if necessary)	
CLE V: Effective effective date is te of filing.) If the date insert	ve date, if other than the dat listed, the date must be s	te of filing: (OPTIONAL)  specific and cannot be more than five business days prior to or 90 days a  meet the applicable statutory filing requirements, this data will not be lied
CLE V: Effective date is the of filing.) If the date insertion in the comment's effective comment's effective comment's effective comment.	ve date, if other than the dat listed, the date must be s	pecific and cannot be more than five business days prior to or 90 days a
CLE V: Effective date is the of filing.) If the date insertion in the comment's effective comment's effective comment's effective comment.	we date, if other than the dat listed, the date must be s rted in this block does not ive date on the Departmen	pecific and cannot be more than five business days prior to or 90 days a
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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)