LZW2117555

(Re	questor's Name)		
(Ad	dress)		
(Ad	dress)		
(Cit	y/State/Zip/Phone	e #)	
PICK-UP	MAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	_ Certificates	s of Status	
Special Instructions to Filing Officer:			

Office Use Only



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ALLAHASSEE FLORE

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2021 HAY 24 PH 6: 14



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May 23, 2022

CAPITAL CONNECTION

SUBJECT: 1560 NE 125TH STREET LLC

Ref. Number: W22000067401

We have received your document for 1560 NE 125TH STREET LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

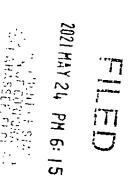
Handwriting is not legible.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan Regulatory Specialist III

Letter Number: 922A00011674



CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

1560 NE 125TH STRI	EET LLC			
				
				Art of Inc. File
				LTD Partnership File
				Foreign Corp. File
				L.C. File
				Fictitious Name File
				Trade/Service Mark
				Merger File
				Art, of Amend, File
				RA Resignation
				Dissolution / Withdrawal
			ı 	Annual Report / Reinstatement
				Cert. Copy
				Photo Copy
				Certificate of Good Standing
				Certificate of Status
				Certificate of Fictitious Name
				Corp Record Search 28
				Officer Caurah
				Fictitious Search 2
Signature			Fictitious Owner Search	
8				Vehicle Search
				Driving Record 5500 50
Requested by: SETH	05/24/22			UCC 1 or 3 File
Name	Date	Time		UCC 11 Search
mino				UCC 11 Retrieval
Walk-In Product & Product of the Brook	Will Pick Up			Courier

COVER LETTER

TO: New Filing Section Division of Corporations				
SUBJECT: 1560 NE 12514 Shreet LLC Name of Limited Liability Company				
The enclosed Articles of Organization and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Simon Ben Hain Name of Person				
Firm/Company				
20600 NE 22nd Court 3230 NE 22nd Start April 1) 18				
Miani				
Aventura FL 35180				
City/State and Zip Code				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Simon at (786) 543 9888 Name of Person Area Code Daytime Telephone Number				
Enclosed is a check for the following amount:				
\$125.00 Filing Fee \$\ \text{Certificate of Status} S155.00 Filing Fee & Certificate of Status & Certificate of Status & Certificate of Status & Certificate Copy (additional copy is enclosed)				
Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301				

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

(Must contain the words "Limited Liability	125th Street LLC y 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:
125th Street North Minni, FL 35161	20600 NE 2222 COUCT, Minni FL 33180
ARTICLE III - Registered Agent, Registered Office, & Registered Limited Liability Company cannot serve as its own Registeranother business entity with an active Florida registration.)	istered Agent's Signature: cred Agent. You must designate an individual or

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

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

Simon Bon Hain

Name

Name

20600 NE 2200 Count

Florida street address (P.O. Box NOT 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 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)

The name and address of each person authorized to	manage and control the Limited Liability Company:
Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Mainiger _AMBR	Simon Box Ben Haim 20600 NE 22nd Court
AMBR	Shay Medina 20890 NE 325+ place Aventura LI 33140
AMBR	Idan Mazouz 17111 Biscanne Blvd Apt 1907 Aventura FL 33160
(Use attachment if necessary)	
the date of filing.)	cannot be more than five business days prior to or 90 days after oplicable statutory filing requirements, this date will not be listed as
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	12
This document is executed in acco	an authorized representative of a member. ordance with section 605.0203 (1) (b), Florida Statutes. ion submitted in a document to the Department of State s provided for in s.817.155, F.S.

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)

2021 MAY 24 PM 6: 15