# 177000228619

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



400388338164

05/25/22--01612--020 \*\*375.00



## **CORPORATE** ACCESS, \_\_\_\_

### When you need ACCESS to the world

INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

			WALK IN		
	PI	CK UP:	5/25 DA	NNY	
XX ·	CUS		C		
1.	BELCREST PROPER (CORPORATE NAME AND DOC		C		727
2.	(CORPORATE NAME AND DOC				THAY 25
3.	(CORPORATE NAME AND DOO				₹ 8:53
4.	(CORPORATE NAME AND DOC				
5.	(CORPORATE NAME AND DOC	CUMENT #)			
6.	(CORPORATE NAME AND DOO	CUMENT #)			
SPECIA INSTRU	IL UCTIONS:				

#### **COVER LETTER**

	w Filing Section vision of Corporation	ons				
SUBJECT:	BELCREST PROPERTY 1, LLC					
SOBJECT.	Name of Limited Liability Company					
The enclose	d Articles of Organiz	zation and fee(s) are	submitted fo	or filing.		
Please retur	n all correspondence	concerning this ma	tter to the fol	lowing:		
	Daniel Deitchman					
	· · · ·		Name of P	erson		
	<del></del>		Firm/Com	pany		
	3201 N. Federal Hw	y, Suite 200				
			Addres	s	<del></del>	
	Oakland Park, FL 33	3306				
		C	ity/State and	Zip Code		
d	an@newrockre.com					
_	E-mail a	ddress: (to be used	for future an	nual report notificati	on)	
For further in	formation concerning	g this matter, please	call:			
:	Salomon V. Bagdadi	. Esq. 30	-	788-3664		
	Name of Per	son Ar	ea Code	Daytime Telephon	e Number	
Enclosed is	a check for the follow	wing amount:				
□\$125.00		30.00 Filing Fee & ficate of Status	Certified	00 Filing Fee & Copy copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified 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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

2021 HAY 25 AH 8: 5

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICULI - Name.	
The name of the Limited	Liability Company is:

#### BELCREST PROPERTY 1, 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 Add
----------------------

Mailing Address:

3201 N. Federal Hwy, Suite 200		
Oakland Park, FL 33306		
Oukland Lark, LE 3330()		

#### 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:

Josh Deitchman		
	Name	
3101 N. Federal Hw	y, Suite 400	
Florida street addre	ss (P.O. Box <u>NOT</u> ac	cceptable)
Oakland Park	FL FL	33306
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 dutics, and Iam familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

Josh Deitchman
Registered Agent's Signature (REQUIRED)

(CONTINUED)

#### ARTICLE IV-

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

<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGR	Daniel Deitchman 3201 N. Federal Hwy. Suite 200 Oakland Park, FL 33306
(Use attachment if necessary)	
If an effective date is listed, the date must be sp he date of filing.)	need filing:
ARTICLE VI: Other provisions, if any.	
REOUIRED SIGNATURE:	Q A QQ ( tchman (May 23 2022 19 11 t D1)
This document is exect I am aware that any fals	nember or an authorized representative of a member.  auted in accordance with section 605.0203 (1) (b), Florida Statutes, see information submitted in a document to the Department of State eee felony as provided for in s.817.155, F.S.

Daniel Deitchman

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)