

6/14/22, 11:28 AM

L22000268659

Division of Corporations
Florida Department of State
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.

((H22000206525 3))



XXXXXXXXXXXX

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850)617-6381

From: Account Name : ALAN J. MARCUS, ATTORNEY AT LAW
Account Number : I20190000099
Phone : (305)937-1800
Fax Number : (305)937-1857

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

Email Address: shai@presentequity.com

FLORIDA LIMITED LIABILITY CO.
LAST MILE MCC BH, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

22 JUN 14 PM 12: 35
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA.

RECEIVED
2022 JUN 14 PM 5: 01
CORPORATIONS
COMMERCIAL
SERVICES

Electronic Filing Menu Corporate Filing Menu Help

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: LAST MILE MCC BH, 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:

ALAN J. MARCUS
Name of Person
ALAN J. MARCUS, ATTORNEY AT LAW
Firm/Company
20803 BISCAYNE BOULEVARD, SUITE 301
Address
AVENTURA, FL 33180
City/State and Zip Code
shai@presentequity.com
E-mail address: (to be used for future annual report notification)

FILED
22 JUN 14 PM 2:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

ALAN J. MARCUS 305 937-1800
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

LAST MILE MCC BH, 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:

134 S. DIXIE HIGHWAY
SUITE 202
HALLANDALE, FL 33009

134 S. DIXIE HIGHWAY
SUITE 202
HALLANDALE, FL 33009

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.)

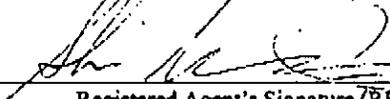
The name and the Florida street address of the registered agent are:

MOSCHOWITS, SHAI
Name

134 S. DIXIE HIGHWAY, SUITE 202
Florida street address (P.O. Box **NOT** acceptable)

HALLANDALE FL 33009
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.


Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
22 JUN 14 PM 2: 35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV-

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

Title:
"AMBR" = Authorized Member
"MGR" = Manager

Name and Address:

MGR

MOSCHOWITS, SHAI
134 S. DIXIE HIGHWAY, SUITE 202
HALLANDALE, FL 33009

MGR

SAMUEL, ONIEL
134 S. DIXIE HIGHWAY, SUITE 202
HALLANDALE, FL 33009

MGR

ABRAHAMS, DANIEL
134 S. DIXIE HIGHWAY, SUITE 202
HALLANDALE, FL 33009

(Use attachment if necessary)

ARTICLE V: 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.

SHAI MOSCHOWITS

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)