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Division of Corporations

Florida Department of State  
Division of Corporations  
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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: maztalev@yahoo.com

FLORIDA LIMITED LIABILITY CO.  
WEST 20A FL, LLC

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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COMMERCIAL SERVICES

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COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: WEST 20A FL, 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

MAZTALEV@YAHOO.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

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

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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:

WEST 20A FL, 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:

65-08 BOELSEN CRESCENT  
REGO PARK, NY 11374

65-08 BOELSEN CRESCENT  
REGO PARK, NY 11374

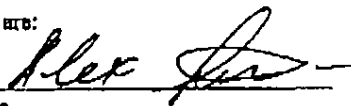
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(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:

LEVY, ALEXANDR

Name



134 S. DIXIE HIGHWAY, SUITE 202

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

HALLANDALE

FL

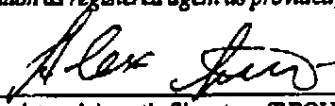
33009

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 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)

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TALLAHASSEE, FLORIDA

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(CONTINUED)

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

MOSCHOWITZ, SHAI 134 S. DEXIE HIGHWAY, SUITE 202 HALLANDALE, FL 33009

MGR

LEVY, ALEXANDR 65-08 BOELSEN CRESCENT REGO PARK, NY 11374

Blank lines for additional authorized persons.

Blank lines for additional addresses.

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 6.14.2022 (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.

Blank lines for other provisions.

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.

ALEXANDR LEVY 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)

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**ARTICLE IV-**

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

**Title:**

**Name and Address:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

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

MGR

LEVY, ALEXANDR  
65-08 BOELSEN CRESCENT  
REGO PARK, NY 11374

\_\_\_\_\_

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(Use attachment if necessary)

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\_\_\_\_\_

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