

1770880274740

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

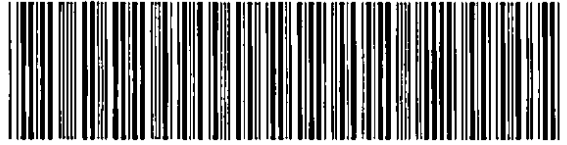
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

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

PICK UP: 6/14 LYNES

XX CERTIFIED COPY _____

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LLC

1. 20235 NE 12 AVE LLC

(CORPORATE NAME AND DOCUMENT #)

2. _____
(CORPORATE NAME AND DOCUMENT #)

3. _____
(CORPORATE NAME AND DOCUMENT #)

4. _____
(CORPORATE NAME AND DOCUMENT #)

5. _____
(CORPORATE NAME AND DOCUMENT #)

6. _____
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL
INSTRUCTIONS:**

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2022 JUN 14 PM 9:35
CLERK OF SUPERIOR COURT
TALLAHASSEE, FLORIDA

**ARTICLE OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY
COMPANY**

ARTICLE I.

The name of the Limited Liability Company is:

20235 NE 12 AVE LLC

ARTICLE II.

The address and street address of the principal office of the Limited Liability Company is:

4801 THOMAS STREET

HOLLYWOOD FL 33021

The mailing address of the Limited Liability Company is:

4801 THOMAS STREET

HOLLYWOOD FL 33021

ARTICLE III.

The purpose for which this Limited Liability Company is organized is:

Any and all lawful business.

ARTICLE IV.

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

HIRSH , MOSHE

4801 THOMAS STREET

HOLLYWOOD FL 33021

CLERK OF DISTRICT COURT
JANUARY 1, 2022
2022 JUN 14 PM 9:35
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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

6/13/2022
Date:

ARTICLE V.

The name and address of each Manager or Managing Member is as follows:

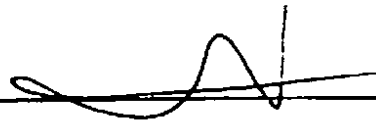
Name and Address:

Title: MGRM

HIRSH, MOSHE

4801 THOMAS ST

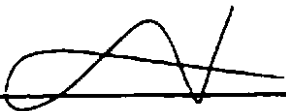
HOLLYWOOD FL 33021



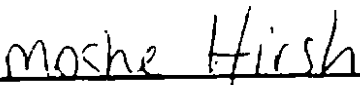
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TALLAHASSEE, FLORIDA

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In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.

A handwritten signature in black ink, appearing to be 'Moshe Hirsh', written over a horizontal line.

Signature of a member or an authorized representative of a member.

The name 'Moshe Hirsh' is typed in a cursive-style font and underlined.

Typed or printed name of signee

The date '6/13/2022' is typed in a cursive-style font and underlined.

Date

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TALLAHASSEE, FLORIDA