

L22000279338

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

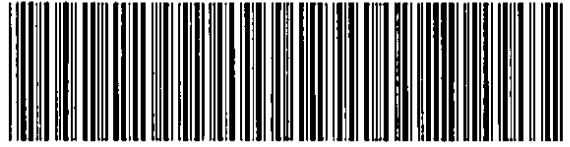
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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2022 JUN 17 AM 10:38

SECRETARY OF STATE
TALLAHASSEE, FL

RECEIVED

2022 JUN 17 PM 3:49

SECRETARY OF STATE
TALLAHASSEE, FL

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-624

PLEASE USE FUND FROM THE ACCOUNT: 120210000160 AMOUNT: \$130.00

Authorization Signature: James Hill

Quimera Charly LLC
BUSINESS

DOCUMENT #

☐ Walk in

☐ Pick up time

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certified Copy

☐ Certificate of Domestication

☒ Certificate of Status

NEW FILINGS

AMMENDMENTS

☐ Profit

☐ Amendment

☐ Not for Profit

☐ Resignation of R.A. Officer/Director

☒ Limited Liability

☐ Change of Registered Agent

☐ Domestication

☐ Dissolution/Withdrawal

☐ Other

☐ Merger

☐ CORP

☐ Conversion

OTHER FILINGS

REGISTRATION/QUALIFICATIONS

☐ Annual Report

☐ Foreign filing

☐ Fictitious Name

☐ Limited Partnership

☐ Reinstatement

☐ APOSTILLE ()
Country

☐ Other

EXAMINER'S INITIALS: _____

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2022 JUN 17 PM 3:48
TALLAHASSEE, FL 32309

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: QUIMERA CHARLY 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:

DAVID VOGEL

Name of Person

VOGEL LAW FIRM PLLC

Firm/Company

6966 GRIFFIN RD

Address

DAVIE FL 33314

City/State and Zip Code

DAVID@LAWOFDAVID.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DAVID VOGEL, ESQ

305

6824999

at ()

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

FILED

2022 JUN 17 AM 10:38

SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLE I - Name:

The name of the Limited Liability Company is:

QUIMERA CHARLY 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:

885 NE 191 ST

MIAMI FL 33179

885 NE 191 ST

MIAMI FL 33179

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:

VOGEL LAW FIRM PLLC

Name

6966 GRIFFIN RD

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

DAVIE

FL

33314

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)

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

AMBR

ADI FRIDMAN

885 NE 191 ST

MIAMI FL 33179

(Use attachment if necessary)

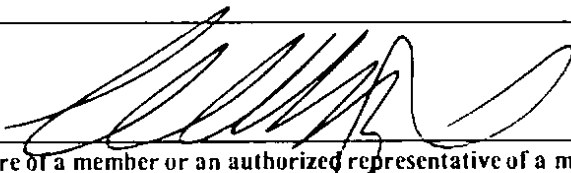
ARTICLE V: Effective date, if other than the date of filing: 06/17/2022. (OPTIONAL)

(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.

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

DAVID VOGEL ESO, AUTHORIZED REPRESENTATIVE

Typed or printed name of signer

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)

2022 JUN 17 AM 10:38
SECRETARY OF STATE
TALLAHASSEE, FL

FILED