

L22000300234

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

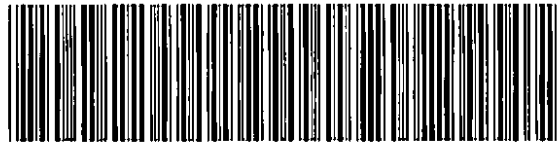
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

L22000300234

Office Use Only



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2022 JUL -5 PM 3:5
ALABAMA
LABORERS FLOOR

22 JUL -7 PM 12:16
ALABAMA
LABORERS FLOOR

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

PLEASE USE FUNDS FROM THE ACCOUNT: 120210000160 AMOUNT: 125.00

AUTHORIZED SIGNATURE James Fellows
18951 SW 74 Ave, LLC

BUSINESS

DOCUMENT #

Walk in

Pick up time _____

Mail out

Will wait

Photocopy

Certified Copy of Articles

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

Revocation

OTHER FILINGS

REGISTRATION/QUALIFICATIONS

Annual Report

Foreign filing

Fictitious Name

Limited Partnership

Reinstatement

APOSTILLE ()
Country

Other

EXAMINER'S INITIALS: _____

22 JUL -7 PM 12:16
SERIALIZED
REGISTERED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 5, 2022

FLORIDA CAPITAL COURIER SERVICES

SUBJECT: 18951 SW 74 AVE, LLC
Ref. Number: W22000088785

We have received your document for 18951 SW 74 AVE, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Matthew T Moon
Regulatory Specialist II Supervisor

Letter Number: 122A00015041

22 JUL -7 PM 12: 16
DIVISION OF CORPORATIONS
STATE OF FLORIDA

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2022 JUL -7 PM 12: 3
ALLAHKASSIE.FLOR

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: 18951 SW 74 AVE, 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:

Sandra Z. Green, Esq.

Name of Person

JONATHAN H. GREEN & ASSOCIATES, P.A.

Firm/Company

901 Ponce De Leon Boulevard, Suite 601

Address

Coral Gables, Florida 33134

City/State and Zip Code

szg@jhglaw.com

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

22 JUL -7 PM 12:16

SECRETARY OF STATE
DIVISION OF CORPORATIONS

For further information concerning this matter, please call:

Sandra Z. Green at (305) 372-5100
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:

18951 SW 74 AVE, 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:

3655 North Bayhomes Drive
Miami, Florida 33133

3655 North Bayhomes Drive
Miami, Florida 33133

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.)

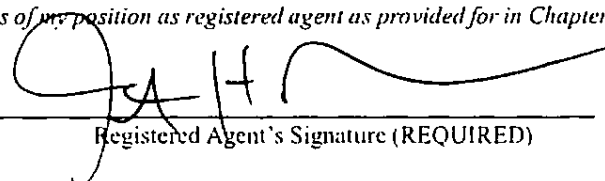
The name and the Florida street address of the registered agent are:

JONATHAN H. GREEN & ASSOCIATES, P.A.
Name

901 Ponce De Leon Boulevard, Suite 601
Florida street address (P.O. Box **NOT** acceptable)

Coral Gables Florida 33134
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)

22 JUL -7 PM 12:27
SECRETARY OF STATE
STATE OF 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

RRRN Family LLLP
3655 North Bayhomes Drive
Miami, Florida 33133

(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.

SANDRA Z. GREEN, ESQ.
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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RECEIVED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA