

122 000 301 749

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ WAIT

☐ MAIL

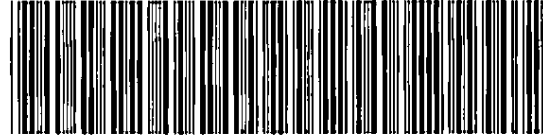
(Business Entity Name)

(Document Number)

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*[Handwritten signature]*

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FLORIDA RESEARCH & FILING SERVICES, INC.

1211 CIRCLE DR

TALLAHASSEE, FL 32301

PH: 850-524-4381

PLEASE FILE THE ATTACHED ARTICLES FOR:

1. 3628 THOMAS AVE LLC

PLEASE RETURN A CERTIFIED COPY

CHECK# 9311      AMOUNT: \$155.00

THANK YOU!

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**ARTICLES OF ORGANIZATION**  
**OF**  
**3628 THOMAS AVE LLC**

**ARTICLE I**  
**NAME**

The name of this Limited Liability Company shall be **3628 THOMAS AVE LLC** (the "Company").

**ARTICLE II**  
**PRINCIPAL PLACE OF BUSINESS**

The principal place of business of the Company shall be **240 Crandon Blvd., Suite 228, Key Biscayne, FL 33149**, and such other place or places as the member from time to time may determine. The mailing address of the Company is **240 Crandon Blvd., Suite 228, Key Biscayne, FL 33149**.

**ARTICLE III**  
**INITIAL REGISTERED OFFICE AND**  
**REGISTERED AGENT**

The initial registered agent of the Company shall be **Atrium Registered Agents, Inc.**  
The address of the initial registered agent is **8950 S.W. 74<sup>th</sup> Court, Suite 1901, Miami, FL 33156**.

**ARTICLE IV**  
**MANAGEMENT**

The Limited Liability Company is to be managed by one or more managers and is, therefore, a manager – managed company. The name and address of the manager who will serve as manager until the first annual meeting of members or until her successor is selected and qualified in accordance with the Operating Agreement or applicable law is:

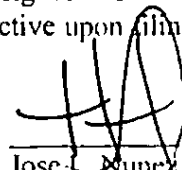
**Andrea Cross**  
**240 Crandon Blvd.**  
**Suite 228**  
**Key Biscayne, FL 33149**

**ARTICLE V**  
**DURATION**

The period of duration of the Company shall be perpetual, and the Company shall be in existence until dissolved in a manner provided by law, or as provided in the Operating Agreement.

IN WITNESS WHEREOF, the undersigned has caused these Articles of Organization to be executed on the 7 day of July, 2022, effective upon filing same with the Florida Department of State.

BY:



Jose L. Munoz, Authorized Representative

2022 JUL - 6 PM 1:46  
COUNTY CLERK  
STATE OF FLORIDA  
MIAMI-DADE COUNTY  
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**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

1. The name of the limited liability company is:

**3628 THOMAS AVE LLC**

2. The name and address of the registered agent and office is:

Atrium Registered Agents, Inc.  
8950 S.W. 74<sup>th</sup> Court  
Suite 1901  
Miami, FL 33156

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.

**ATRIUM REGISTERED AGENTS, INC.**

By: 

Jose L. Nunez, President

Date: July 7<sup>th</sup>, 2022.

2022 JUL -8 PM 1:16  
ALLAH-SELE, FLORENCE