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(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

Filotie: 650-556-1500	
ACCOUNT NO. : 12000000195	
REFERENCE: 874387 7998853	
AUTHORIZATION: Spelle man	
COST LIMIT : \$ (125/00	
ORDER DATE : August 9, 2022	
ORDER TIME : 8:08 AM	
ORDER NO. : 874387-005	
CUSTOMER NO: 7998853	
	N
DOMESTIC FILING	
NAME: 19218 W. DIXIE HWY LLC) is 10
EFFECTIVE DATE:	AH12: 4.0
ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP ARTICLES OF ORGANIZATION	→
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:	
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING	

EXAMINER'S INITIALS: __

CONTACT PERSON: Alexxis Weiland - EXT.

COVER LETTER

10:	New Filing 8 Division of C	Section Corporations				
SUBJE	19218 W	/. Dixie Hwy LLC				
		N	ame of L	imited Lial	bility Company	
The enc	losed Articles	of Organization an	id fee(s) a	ire submitt	ed for filing.	
Please re	eturn all corres	pondence concern	ing this n	natter to the	e following:	
	Marc A. B	enjamin				22
	<u></u>		-	Name	of Person	
	Benjammir	n, Gussin & Assoc	iates			55
				Firm/C	Company	
	801 Skokie	Blvd., STE 100				22 AUG 10 RH 12:
				Ado	iress	
	Northbrook	, IL 60062				
	marcben@bs	galawfirm.com	(City/State a	nd Zip Code	
			o be used	for future	annual report notifica	tion)
For further	information co	oncerning this mat			· · · · · · · · · · · · · · · · · · ·	,
	Susan Hirsel	1	84 at (17	861- 6 242)	
	Nan	ne of Person	A	rea Code	Daytime Telephor	ne Number
Enclosed i	is a check for t	he following amou	ınt:			
) Filing Fee	□\$130.00 Filin Certificate of S	ig Fee &	Certifi	5.00 Filing Fee & led Copy al copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	New F Divisio P.O. B	ig Address iling Section on of Corporations ox 6327 assec, FL 32314			Street Address New Filing Section Di The Centre of Tallaha 2415 N. Monroe Street Tallahassee, FL 3230	assee et, Suite 810

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liabi	ту сопрану із:		
19218 W. Dixie Hv			
(Must con	ntain the words "Limite	d Liability Comp	any, "L.L.C.," or "LLC.")
ARTICLE II - Address:			
he mailing address and street	address of the principa	l office of the Lin	nited Liability Company is:
Princi	pal Office Address:		Mailing Address:
17555 Collins Aven	iue, #3901		17555 Collins Avenue, #3901
	_ _		11555 Comms Avenue, #3901
Sunny Isles, FL3316			Sunny Isles, FL 33160
RTICLE III - Registered Ag	ent. Registered Office		Sunny Isles, FL 33160
RTICLE III - Registered Ag	gent, Registered Office	e, & Registered A	Sunny Isles, FL 33160
RTICLE III - Registered Ag The Limited Liability Company nother business entity with an	gent, Registered Office y cannot serve as its ow active Florida registrat	e, & Registered Age	Sunny Isles, FL 33160
RTICLE III - Registered Ag The Limited Liability Company nother business entity with an	gent, Registered Office y cannot serve as its ow active Florida registrat	e, & Registered Age	Sunny Isles, FL 33160
RTICLE III - Registered Ag The Limited Liability Company nother business entity with an	gent, Registered Office y cannot serve as its ow active Florida registrat	e, & Registered Age on Registered Age ion.)	Sunny Isles, FL 33160
RTICLE III - Registered Ag The Limited Liability Company nother business entity with an	gent, Registered Office y cannot serve as its ow active Florida registrat address of the registere	e, & Registered Age on Registered Age ion.)	Sunny Isles, FL 33160
RTICLE III - Registered Ag The Limited Liability Company nother business entity with an	gent, Registered Office y cannot serve as its ow active Florida registrat address of the registere	e, & Registered Agriculture, and Registered Agriculture, and agent are:	Sunny Isles, FL 33160
ARTICLE III - Registered Ag The Limited Liability Company nother business entity with an	gent, Registered Office y cannot serve as its ow active Florida registrat address of the registere Corporation Service	e, & Registered Agricon.) cd agent are: c Company Name	Sunny Isles, FL 33160 Agent's Signature: ent. You must designate an individual or
ARTICLE III - Registered Ag	gent, Registered Office y cannot serve as its own active Florida registrat address of the registered Corporation Services	e, & Registered Agricon.) cd agent are: c Company Name	Sunny Isles, FL 33160 Agent's Signature: ent. You must designate an individual or

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 AUS 10 AH 12: 40

Title: "AMBR" = Authori	Name and Address:
"MGR" = Manager	ized (viember
MGR	
	<u>Aaron Tiram</u>
	17555 Collins Avenue, #3901 Sunny Isles, FL 33160
	Sumiy Isles, FL 33100
Use attachment if ne	
filing.) he date inserted in the	fother than the date of filing:
filing.) he date inserted in the	the date must be specific and cannot be more than five business days prior to or 90 his block does not meet the applicable statutory filing requirements, this date will not on the Department of State's records.
filing.) he date inserted in the cent's effective date	this block does not meet the applicable statutory filing requirements, this date will not on the Department of State's records. s, if any.
filing.) he date inserted in the cut's effective date VI: Other provision	this block does not meet the applicable statutory filing requirements, this date will not on the Department of State's records. s, if any.
filing.) he date inserted in the ent's effective date VI: Other provision EOUIRED SIGNA	his block does not meet the applicable statutory filing requirements, this date will not the Department of State's records. s, if any. TURE: Muchanian Signature of a member or an Authorized research to the days prior to or 96 Turns t
filing.) he date inserted in the ent's effective date. VI: Other provision EOUIRED SIGNA This delication in the entire that	his block does not meet the applicable statutory filing requirements, this date will not on the Department of State's records. s, if any. TURE: Signature of a member or an authorized representative of a member. document is executed in accordance with section (05,000) (1) (1) There is a second of the content of the c
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filing.) he date inserted in the ent's effective date. VI: Other provision EOUIRED SIGNA This did am a	TURE: Signature of a member or an authorized representative of a member. document is executed in accordance with section 605.0203 (1) (b). Florida Statutes, ware that any false information submitted in a document to the Department of State. Marc A. Benjamin. Authorized Representative
filing.) he date inserted in the ent's effective date. VI: Other provision EOUIRED SIGNA This did am a	TURE: Signature of a member or an authorized representative of a member. document is executed in accordance with section 605.0203 (1) (b). Florida Statutes, ware that any false information submitted in a document to the Department of State tutes a third degree felony as provided for in s.817.155, F.S.
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filing.) he date inserted in the ent's effective date. VI: Other provision EOUIRED SIGNA This diam a consti	TURE: Signature of a member or an authorized representative of a member. document is executed in accordance with section 605.0203 (1) (b). Florida Statutes a third degree felony as provided for in s.817.155, F.S. Marc A. Benjamin. Authorized Representative Filing Fees: or Articles of Organization and Designation of Registered Assertion or 96 his block does not meet the applicable statutory filing requirements, this date will not on the Department of State with a second of a member. Signature of a member or an authorized representative of a member. Signature of a member or an authorized representative of a member. Signature of a member or an authorized representative of state tutes a third degree felony as provided for in s.817.155, F.S. Marc A. Benjamin. Authorized Representative Typed or printed name of signee
filing.) he date inserted in the ent's effective date. VI: Other provision FOUIRED SIGNA This date in an a constitution of the constitution of t	TURE: Signature of a member or an authorized representative of a member. document is executed in accordance with section 605.0203 (1) (b). Florida Statutes, aware that any false information/submitted in a document to the Department of State tutes a third degree felony as provided for in s.817.155, F.S. Marc A. Benjamin. Authorized Representative Typed or printed name of signee Filing Fees: or Articles of Organization and Designation of Registered Agent oppy (Optional)
FOUIRED SIGNA This of I am a constitute of the	TURE: Signature of a member or an authorized representative of a member. document is executed in accordance with section 605.0203 (1) (b). Florida Statutes a third degree felony as provided for in s.817.155, F.S. Marc A. Benjamin. Authorized Representative Filing Fees: or Articles of Organization and Designation of Registered Assertion or 96 his block does not meet the applicable statutory filing requirements, this date will not on the Department of State with a second of a member. Signature of a member or an authorized representative of a member. Signature of a member or an authorized representative of a member. Signature of a member or an authorized representative of state tutes a third degree felony as provided for in s.817.155, F.S. Marc A. Benjamin. Authorized Representative Typed or printed name of signee

ARTICLE IV-

COVER LETTER

	Division of C	Section Corporations					
SUBJEC	19218 W	/. Dixie Hwy LLC					
		Name	of Limited Lia	pility Company			
The enclo	osed Articles	of Organization and fee	(s) are submitt	ed for filing.			
Please rea	rum all corres	pondence concerning th	nis matter to the	e following:			
	Marc A. B	enjamin					
			Name	of Person		-	
	Benjammir	1, Gussin & Associates					
			Firm/C	Company		-	
	801 Skokie	Blvd., STE 100					
	-		Add	iress		-	
	Northbrook	;, IL 60062					
	marcben@bs	galawfirm.com	City/State a	nd Zip Code		•	
		E-mail address: (to be	used for future	annual report notifica	tion)	-	
For further i	nformation co	oncerning this matter, p	lease call:				
	Susan Hirsel		847	861-6242			
	Nan	ne of Person		Daytime Telephor	ne Number		
Enclosed is	a check for t	he following amount:					
□\$125.00	Filing Fee	□\$130.00 Filing For Certificate of Status	Certifi	5.00 Filing Fee & ed Copy al copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclos	22 kiji G	:
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			Street Address New Filing Section Di The Centre of Tallaha 2415 N. Monroe Street Tallahassee, FL 3230.	assee ct, Suite 810	10 8812:40	·