

L22000355356

9/15/22

FLORIDA DIVISION OF CORPORATIONS
PUBLIC ACCESS SYSTEM
ELECTRONIC FILING COVER SHEET

3:55 PM

((H22000273016 0))

TO: DIVISION OF CORPORATIONS

FAX #: (850)922-4003

FROM: FILE IT USA INC.

ACCT#: 120190000121

CONTACT: MIRIAM SCHWARTZ

PHONE: (718)925-2025

FAX #: (718)925-2027

NAME: MB Realty Group LLC

AUDIT NUMBER.....H22000273016

DOC TYPE.....LIMITED LIABILITY COMPANY

CERT. OF STATUS..0

PAGES..... 3

CERT. COPIES.....0

DEL.METHOD.. FAX

EST.CHARGE.. \$125.00

NOTE: PLEASE PRINT THIS PAGE AND USE IT AS A COVER SHEET. TYPE THE FAX
AUDIT NUMBER ON THE TOP AND BOTTOM OF ALL PAGES OF THE DOCUMENT

** ENTER 'M' FOR MENU. **

ENTER SELECTION AND CR:

FILED
SEP 12 PM 12:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

((H22000273016 3)))

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

MB Realty Group 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:

2999 191st Street, Suite 408

Aventura, FL 33180

2999 191st Street, Suite 408

Aventura, FL 33180

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:

Avraham D. Manoucheri

Name

8925 Collins Ave, Apt 6F

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

Surfside

FL

33154

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.

/s/ Avraham D. Manoucheri

Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
22 AUG 12 PM 12:35
SOUTHERN
FALLAHASSEE, FLORIDA

((H22000273016 3)))

((H22000273016 3)))

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

Avraham D. Manoucheri
8925 Collins Ave, Apt 6F
Surfside, FL 33154

AMBR

Aaron Manoucheri
500 Oxford Road
Cedarhurst, NY 11516

(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:

/s/ Avraham D. Manoucheri

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.

Avraham D. Manoucheri

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)

FILED
22 AUG 12 PM 12:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

((H22000273016 3)))