La2000365018

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
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S. CHATHAM

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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

1674 Edith Esplanad	le, LLC.				
			ļ -		
				Art of Inc. File	
]	LTD Partnership File	<u>—</u>
				Foreign Corp. File	_
				L.C. File	
				Fictitious Name File	
				Trade/Service Mark	-
				Merger File	
				Art, of Amend, File	_
				RA Resignation	
				Dissolution / Withdrawal	
				Annual Report / Reinstatement	
				Cert. Copy	
				Photo Copy	
				Certificate of Good Standing	DINSTAND SECRI
				Certificate of Status	- 3015 8005 8005 - 8005
				Certificate of Fictitious Name	ת בורי בי
				Corp Record Search	LED RYOF STATE COMPORATION PM 9: 28
				Officer Search	LED YOF STATE YOF STATE YOUR ATTONS PM 9: 28
				Fictitious Search	TE TONE
Signature				Fictitious Owner Search	
-				Vehicle Search	
				Driving Record	
Requested by: SETH	08/19/22			UCC 1 or 3 File	
Name	Date	Time		UCC 11 Search	
				UCC 11 Retrieval	-
Walk-In	•			Courier	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

1674 Edith Esplanade, LLC	
	ability Company, "L.L.C.," or "LEC.")
KTICLE II - Address:	
e mailing address and street address of the principal offi	ice of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
866 South Dixie Highway	866 South Dixie Highway
Coral Gables, FL 33146	Coral Gables, FL 33146
he Limited Liability Company cannot serve as its own R	egistered Agent. You must designate an individual or
RTICLE III - Registered Agent, Registered Office, & fle Limited Liability Company cannot serve as its own R nother business entity with an active Florida registration, he name and the Florida street address of the registered a	egistered Agent. You must designate an individual or)
he Limited Liability Company cannot serve as its own R other business entity with an active Florida registration.	egistered Agent. You must designate an individual or)
he Limited Liability Company cannot serve as its own R other business entity with an active Florida registration. He name and the Florida street address of the registered a Jeffrey C. Roth	egistered Agent. You must designate an individual or)
The Limited Liability Company cannot serve as its own R nother business entity with an active Florida registration, the name and the Florida street address of the registered a Jeffrey C. Roth	egistered Agent. You must designate an individual or) gent are: Name

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..

FL

State

Coral Gables

City

Registered Agent's Signature (REQUIRED)

33146

Zip

(CONTINUED)

ARTICLE	IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

"AMBR" = Authorized Member		
03.4CD0 3.4		
"MGR" = Manager	Fuchs Group Holding GmbH	
AMBR	Gassenäcker 35-39	
	89195 Staig-Steinberg, Germany	
	87175 Starg-Steffberg, Germany	_ 22
MGR	Ute Weisse	2
171511	Gassenäcker 15	AUG
	89195 Staig-Steinberg Germany	— თ
	<u></u>	<u> </u>
MGR	Harald Fuchs	
	Gassenäcker 15	— ₽ x
	89195 Staig-Steinberg Germany	. بو
MGR	Michael Motaln	
· · · · · · · · · · · · · · · · · · ·	Eselsbergsteige 160/1	
	89075 Ulm, Germany	
effective date is listed, the date must be spe	of filing:	r 90 days
CLE V: Effective date, if other than the date of effective date is listed, the date must be spete of filing.)	cific and cannot be more than five business days prior to o eet the applicable statutory tiling requirements, this date wil	
CLE V: Effective date, if other than the date of effective date is listed, the date must be spete of filing.) If the date inserted in this block does not meanment's effective date on the Department of CLE VI: Other provisions, if any.	ecific and cannot be more than five business days prior to o eet the applicable statutory filing requirements, this date will of State's records.	
CLE V: Effective date, if other than the date offective date is listed, the date must be spece of filing.) If the date inserted in this block does not mecument's effective date on the Department of CLE VI: Other provisions, if any. REQUIRED SIGNATURE:	cific and cannot be more than five business days prior to o eet the applicable statutory tiling requirements, this date wil	
CLE V: Effective date, if other than the date of effective date is listed, the date must be spece of filing.) If the date inserted in this block does not meanment's effective date on the Department of CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a mean this document is executed I am aware that any false.	eet the applicable statutory filing requirements, this date will of State's records.	l not be lis

Filing Fees:

Typed or printed name of signee