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Florida Department of State

Division of Corporations

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : MICHAEL J. FREEMAN, P.A.
Account Number : 072720000142
Phone : (305)442-1567
Fax Number : (305)442-1227

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: mfreeman@freemanpiant.com

2022 SEP 23 AM 9:18

FLORIDA LIMITED LIABILITY CO.
7965 SW 53 Avenue LLC

Certificate of Status	1
Certified Copy	1
Page Count	02
Estimated Charge	\$160.00

JS

FAX AUDIT NO.:

H22000323096 3

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I – Name:

The name of the Limited Liability Company is:

7965 SW 53 Avenue LLC

ARTICLE II – Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address: 5292 SW 80 Street
Miami FL 33143

Mailing Address: 5292 SW 80 Street
Miami FL 33143

ARTICLE III – Registered Agent, Registered Office, & Registered Agent's Signature:

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

M.J. F. Registered Agent Corp.
Name

153 Sevilla Avenue
Florida Street Address (No P.O. Box)

Coral Gables, FL 33134
City, State, and Zip code

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 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
(Michael J. Freeman, President)

FAX AUDIT NO.: H22000323096 3

H22000323096 3

The name and address of each Manager or Authorized Member is as follows:

"AMBR" = Authorized Member
"MGR" = Manager

Helene Lindenfeld
5292 SW 80 Street
Miami FL 33143

Martin Lindenfeld
5292 SW 80 Street
Miami FL 33143

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.

authorized representative of a member

Corat Gables
City, Sta. day

Filing Fees:

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