

122000431425

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

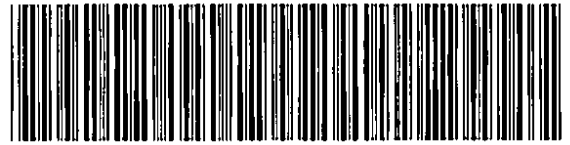
(Business Entry Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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S. CHATHAM
OCT -7 2022

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
OCT -6 PM 3:23

FILED
2022 OCT -6 PM 4:52

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL. 32309
(850) 524-5437
(850) 524-6243

Please use funds from account: 120210000160 Amount: paid \$125..00

Authorization Signature James Lee
9701 1601S LLC
Business Name Document #

Walk in _____ Pick up time _____

_____ Mail out _____ Will wait

_____ Photocopy

_____ **Certified Copy (s)**

_____ **Certificate of Status**

NEW FILINGS

_____ Profit
_____ Not for Profit
___X___ Limited Liability
_____ Domestication
_____ Other
_____ **CORP**
_____ LLLP

OTHER FILINGS

_____ Annual Report
_____ Fictitious Name
_____ **ARTICLES OF CORRECTION**
_____ **APOSTIL ()**
_____ **Country**

AMMENDMENTS

_____ Amendment
_____ Resignation of R.A. or Officer/Director
_____ Change of Registered Agent
_____ Revocation of Dissolution
_____ Merger
_____ **Conversion**
_____ Articles of Conversion
_____ Resignation

REGISTRATION/QUALIFICATIONS

_____ Foreign filing
_____ Limited Partnership
_____ Reinstatement
_____ Other

EXAMINER'S INITIALS: _____

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___ Reinstatement

___ Other

EXAMINER'S INITIALS: _____

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: 9701 1601S L.L.C.

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

AMANDA H. BENDER, ESQ.

Name of Person

ERIC P. STEIN, P.A.

Firm/Company

1820 NE 163 STREET, SUITE 100

Address

N. MIAMI BEACH, FL 33162

City/State and Zip Code

DOCSERVICE@EPSLAW.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

AMANDA H. BENDER, ESQ. 786 248-1000

Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|---|---|---|---|

Mailing Address

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

9701 1601S 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:

8802 Memorial Drive
Houston, TX 77024

Mailing Address:

8802 Memorial Drive
Houston, TX 77024

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:

Registered Agent Solutions, Inc.

Name

155 Office Plaza Drive

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

Tallahassee

FL

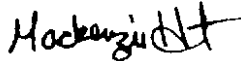
32301

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.



Mackenzie Hart, Asst. Secretary

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

JOHN BAZBAZ

8802 Memorial Drive

Houston, TX 77024

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DIVISION OF CORPORATIONS

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(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.

THIS ENTITY IS A MANAGER-MANAGED LIMITED LIABILITY COMPANY.

REQUIRED SIGNATURE:

DocuSigned by:

John Bazbaz

59:Q7C000125410

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.

JOHN BAZBAZ

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)