122000447199

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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D. O'KEEFE OCT 19 2022

COVER LETTER

	New Filing Section Division of Corpor				
	365 NE 12	5 ST # 302, LLC	;		
SUBJEC	Т:	·			
		Name of L	imited Liabili	ity Company	
The enclo	sed Articles of Org	anization and fee(s)	are submitted	for filing.	
Please ret	urn all corresponde	ence concerning this i	matter to the f	ollowing:	
	LOURDES D. E	ERMER			
			NI	1)	
	INCOZYANI CON	17D 1 A337 15A	Name of	Person	
	DERGAN ERM	ER LAW, 1A			
			Firm/Co	mpany	
	7900 HARBOR	ISLAND DRIVE, N	O. 713A		
		·			
			Addr	ess	
	NORTHBAY	ILLAGE, FL 33141			
			City/State an	d Zip Code	
	LDERMER@GN	IAIL.COM		·	
	E-m	ail address: (to be use	ed for future a	nnual report notificati	ion)
For further	information conce	ming this matter, plea	ase call:		
	Lourdes Ermer		305	213-4124	
)	
	Name of	Person	Area Code	Daytime Telephon	e Number
Enclosed	is a check for the f	ollowing amount:			
≣\$125.0		1\$130.00 Filing Fee : Certificate of Status		5.00 Filing Fee & ed Copy	☐\$160.00 Filing Fee, Certificate of Status &
		errificate of charas		al copy is enclosed)	Certified Copy
					(additional copy is enclosed)
	8.6 · 111 .	4.4		Names Addition	
	<u>Mailing A</u> New Filing			Street Address New Filing Section D	ivision
	(NO 11 11 11)	200		The Contra of Tallah	

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

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:			
365 NE 125 ST # 302. (Must conta		iability Comp	any, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street add	dress of the principal of	fice of the Lin	nited Liability Company is:	
<u>Principa</u>	l Office Address:		Mailing Address:	
3535 South Ocean Dri Hollywood, FL 33019	ive, Suite 2305		3535 South Ocean Drive, Suite 2305 Hollywood, FL 33019	
ARTICLE III - Registered Ager (The Limited Liability Company of another business entity with an ac	cannot serve as its own	Registered Ag	Agent's Signature: ent. You must designate an individual or	
The name and the Florida street a	ddress of the registered	agent are:		
	ERIC R. GUILLEN			
		Name		
	3535 South Ocean Dr	ive, Suite 230	5	
	Florida street address	(P.O. Box <u>N</u> C	OT acceptable)	
	Hollywood, FL 33019			
	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..

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:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	ERIC R. GUILLEN
	3535 South Ocean Drive, Suite 2305 Hollywood, FL 33019
AMBR	SYLVIA E. GUILLEN
	3535 South Ocean Drive, Suite 2305 Hollywood, FL 33019
	noilywood, FC 33019
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(Use attachment if necessary)	<u> မိုး</u> ယ္တ
TICLE V: Effective date, if other than the o	date of filing: (OPTIONAL)
date of filing.) te: If the date inserted in this block does not document's effective date on the Departm	e specific and cannot be more than five business days prior to or 90 days a not meet the applicable statutory filing requirements, this date will not be list nent of State's records.
TICLE VI: Other provisions, if any.	
REOUIRED SIGNATURE:	
Signature of a	a member or an authorized representative of a member.
This document is ex-	secuted in accordance with section 605.0203 (1) (b), Florida Statutes.
	false information submitted in a document to the Department of State
constitutes a third de	egree felony as provided for in s.817.155, F.S.
Enc R. Guillen	

as

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)