

L22000457257

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

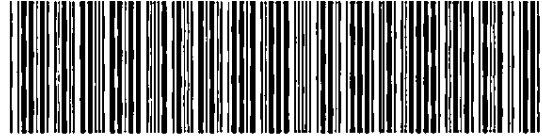
(Business Entity Name)

(Document Number)

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OCT 25 2022

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TALLAHASSEE, FLORIDA

CAPITAL CONNECTION, INC.

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

219 NW 7 GROUP LLC

Signature _____

Requested by: SETH

10/25/22

Name

Date

Time

Walk-In

Will Pick Up

____ Art of Inc. File _____
____ LTD Partnership File _____
____ 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 _____
____ Certificate of Status _____
____ Certificate of Fictitious Name _____
____ Corp Record Search _____
____ Officer Search _____
____ Fictitious Search _____
____ Fictitious Owner Search _____
____ Vehicle Search _____
____ Driving Record _____
____ UCC 1 or 3 File _____
____ UCC 11 Search _____
____ UCC 11 Retrieval _____
____ Courier _____

**ARTICLES OF ORGANIZATION
OF
219 NW 7 GROUP LLC**

The undersigned does hereby subscribe to, acknowledge and file the following Articles of Organization for the purpose of creating a limited liability company under the laws of the State of Florida.

ARTICLE I - NAME

The name of this limited liability company shall be

219 NW 7 GROUP LLC

ARTICLE II – BUSINESS PURPOSE

The Company shall be authorized to transact any lawful business in the State of Florida or in the United States, including, but not limited to operation of a real estate investment business.

ARTICLE III – PRINCIPAL OFFICE

The mailing address and street address of the principal office of the limited liability company shall be 1025 E. Hallandale Beach Blvd., Ste. 15-948, Hallandale Beach, Florida 33009.

ARTICLE IV – REGISTERED OFFICE

The initial registered office of this limited liability company is 10081 Pines Blvd., Ste. C, Pembroke Pines, Florida 33024. The initial registered agent at that address is Arnold M. Straus, Jr.

ARTICLE V - MANAGEMENT

The limited liability company shall be manager-managed. There shall always be two managers. The name and address of each person authorized to manage and control the Limited Liability Company are:

<u>Title</u>	<u>Name and Address</u>
Manager	Joseph Ades 1025 E. Hallandale Beach Blvd., Ste. 15-948 Hallandale Beach, Florida 33009
Manager	Albert Bunick 1025 E. Hallandale Beach Blvd., Ste. 15-948 Hallandale Beach, Florida 33009

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ARTICLE VI - EFFECTIVE DATE

This limited liability company shall commence its existence as of the filing of these Articles of Organization, and shall exist perpetually thereafter unless sooner dissolved.

IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization on the 21 of October 2022.

Joseph Ades
JOSEPH ADES, MANAGER

Albert Bunick
ALBERT BUNICK, MANAGER

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**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provision of section 605, Florida Statutes, the limited liability company referenced below submits the following statement in designating the registered office/registered agent, in the State of Florida.

FIRST – The name of the limited liability company is

219 NW 7 GROUP LLC

SECOND – The name and address of the registered agent and office is

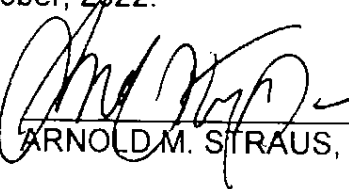
ARNOLD M. STRAUS, JR.
10081 PINES BLVD., STE. C
PEMBROKE PINES, FLORIDA 33024

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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 provision 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.

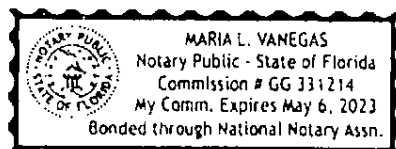
Dated as of this 21 day of October, 2022.

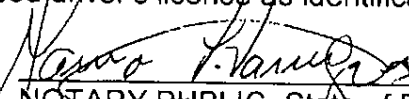


ARNOLD M. STRAUS, JR.

STATE OF FLORIDA)
 SS:
COUNTY OF BROWARD)

The foregoing instrument was acknowledged before me this 21 day of October, 2022, by means of physical presence by Arnold M. Straus, Jr., Esq., who is personally known to me or who produced driver's license as identification.





NOTARY PUBLIC, State of Florida
My Commission Expires: