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COVER LETTER

	ew Filing Section ivision of Corpor	ations			
elib lezer	3770 SW 59th				
SUBJECT	`÷	Name of Lim	ited Liabilit	y Company	
The enclos	ed Articles of Org	anization and fee(s) are	submitted f	or filing.	
Please retu	rn all corresponde	nce concerning this ma	tter to the fo	llowing:	
	Joseph A. Yolofs	sky, Esq.			
			Name of I	erson	
	Yolofsky Law, P	.A.			
			Firm/Con	npany	
	100 SE 3rd Ave.	Suite 1000			
			Addre	SS	
	Fort Landerdale,	FI 33394			
	ajy@yolofskylaw		ity/State and	Zip Code	
	E-ma	all address: (to be used	for future ar	nual report notificati	on)
For further i	nformation concer	ning this matter, please	call:		
	Joseph Yolofsky	95 at (4	237-4011	
	Name of			Daytime Telephone	e Number
Enclosed i	s a check for the fo	ollowing amount:			
	Filing Fee	I\$130,00 Filing Fee & certificate of Status	Certifie	.00 Filing Fee & d Copy l copy is enclosed)	☐\$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	<u>Mailing A</u> New Filing			Street Address New Filing Section Di	ivision

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

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

11/03/22

NAME: 3770 SW 59TH LLC

TYPE OF FILING: ARTICLES

COST:

125.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

3770 SW 59th L	LC			_	
(Must	contain the words "Limited L	iability Company, '	"L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and stre	eet address of the principal off	fice of the Limited	Liability Company is:		
<u>Pri</u>	ncipal Office Address:		Mailing Address:		
3770 SW 59th A		Same			
Davic, FL 33314	ļ		<u></u>		
ARTICLE III - Registered	Agent Registered Office, &	Registered Agen	t's Signature:	22 ltt	1517.10 2.55
(The Limited Liability Comp	Agent, Registered Office, & pany cannot serve as its own I nan active Florida registration	Registered Agent. \	it's Signature: Tou must designate an individual or	22 NOV -3	DIVISION OF C
(The Limited Liability Com another business entity with	pany cannot serve as its own I	Registered Agent. \ 1.)	it's Signature: Tou must designate an individual or	2110V-3 PH	PINISION OF COLF
(The Limited Liability Com another business entity with	pany cannot serve as its own I n an active Florida registration	Registered Agent. \ 1.)	it's Signature: Tou must designate an individual or	2110V-3 PH	DIVISION OF CALL STORY
(The Limited Liability Com another business entity with	pany cannot serve as its own I nan active Florida registration reet address of the registered	Registered Agent. \ 1.)	ot's Signature: Fou must designate an individual or	2 KOV -3	BIVISION OF COLD STORY
(The Limited Liability Com another business entity with	pany cannot serve as its own I nan active Florida registration reet address of the registered	Registered Agent. \ 1.) agent are: Name	it's Signature: l'ou must designate an individual or	2110V-3 PH 7:5	BINISION OF CORP STATE
(The Limited Liability Com another business entity with	pany cannot serve as its own In an active Florida registration reet address of the registered Yolofsky Law, P.A.	Registered Agent. \ 1.) agent are: Name e 1000	ou must designate an individual or	2110V-3 PH 7:5	BLAISION OF COMPANY AND STATE
(The Limited Liability Com another business entity with	pany cannot serve as its own In an active Florida registration reet address of the registered Yolofsky Law, P.A. 100 SE 3rd Avc., Suit	Registered Agent. \ 1.) agent are: Name e 1000	ou must designate an individual or	2110V-3 PH 7:5	STONE INTERPRETATION OF COLUMN

Having been named as registered agent and to accept service of process for the above stated limited hability 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..

Register@@genties@gnature (REQUIRED)

(CONTINUED)

<u>Title:</u> "AMBR" = "MGR" =	= Authorized Membe Manager	Name and Address:	
MGR		The Chipre Trust 511 SW 15th St Fort Lauderdale, FL 33315	
			
			201
			1
			`
CLE V: Effec	iment if necessary)	the date of filing:	
CLE V: Effective date ate of filing.) If the date in ocument's effective in the date in t	tive date, if other that is listed, the date must block d	the date of filing:	-
CLE V: Effect effective date ate of filing.) The date in ocument's effective ocument'	tive date, if other that is listed, the date muserted in this block detive date on the Depresentations, if any.	oes not meet the applicable statutory filing requirements, this date will not artment of State's records.	-
ICLE V: Effect of effective date attended of filing.) If the date in ocument's effective VI: Other	tive date, if other that is listed, the date misserted in this block detive date on the Dep	est be specific and cannot be more than five business days prior to or 90 oes not meet the applicable statutory filing requirements, this date will not	-
ICLE V: Effect of effective date at e of filing.) If the date in locument's effective in the interpretation i	serted in this block detive date on the Deprementation of the Depr	oes not meet the applicable statutory filing requirements, this date will not artment of State's records.	-
ICLE V: Effect of effective date at e of filing.) If the date in locument's effective in the interpretation i	serted in this block detive date on the Deprementation of the Depr	Docusigned by: A. J. Udofsky of a member or an authorized representative of a member. is executed in accordance with section 605.0203 (1) (b), Florida Statutes. any false information submitted in a document to the Department of State.	-

as