# L22000483197

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	ocument Number)	1
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



400394127014

S. CHATHAM

STATE OF THE ALL ACTURES OF THE PROPERTY OF TH

ALLAHASSEE, FILE

RECEIVED

# 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:

11/14/22

NAME: 43 EAST HOLDINGS, LLC

TYPE OF FILING: ARTICLES

COST:

125.00

RETURN: PLAIN COPY

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

4 ****	 	* 1	
3 1/2 1	 1 H I	- 14	TRAA.
	 	- 1 1 44	

The name of the Limited Liability Company is:

43 East Holdings, 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:	<u>Mailing Address</u> :
3305 St Charles Circle	3305 St Charles Circle
Boca Raton, FL 33434	Boca Raton, FL 33434
	<del> </del>

## 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:

Brett Lurie		
	Name	• • •
3305 St Charles Cir	cle	
Florida street addre	ss (P.O. Box <u>NOT</u> ac	rceptable)
Boca Raton	FL	33434
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)

## ARTICLE IV-

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

	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	Brett Lurie
MGR	3305 St Charles Circle
	Boca Raton, FL 33434
	č) -
(Use attachment if necessary)	
CLE V: Effective date, if other than the offective date is listed, the date must be	date of filing: (OPTIONAL) e specific and cannot be more than five business days prior to or 90 days af
CLE V: Effective date, if other than the offective date is listed, the date must be te of filing.)	e specific and cannot be more than five business days prior to or 90 days at not meet the applicable statutory filing requirements, this date will not be liste
CLE V: Effective date, if other than the ceffective date is listed, the date must be te of filing.)  If the date inserted in this block does not be a second or second	e specific and cannot be more than five business days prior to or 90 days at not meet the applicable statutory filing requirements, this date will not be liste nent of State's records.
CLE V: Effective date, if other than the ceffective date is listed, the date must be te of filing.)  If the date inserted in this block does not ment's effective date on the Department of the Department's CLE VI: Other provisions, if any.	e specific and cannot be more than five business days prior to or 90 days at not meet the applicable statutory filing requirements, this date will not be liste nent of State's records.
CLE V: Effective date, if other than the deffective date is listed, the date must be te of filing.)  If the date inserted in this block does not ment's effective date on the Department of the	e specific and cannot be more than five business days prior to or 90 days at not meet the applicable statutory filing requirements, this date will not be liste nent of State's records.
CLE V: Effective date, if other than the deffective date is listed, the date must be te of filing.)  If the date inserted in this block does not current's effective date on the Department's e	e specific and cannot be more than five business days prior to or 90 days at not meet the applicable statutory filing requirements, this date will not be listement of State's records.
CLE V: Effective date, if other than the deffective date is listed, the date must be te of filing.)  If the date inserted in this block does not current's effective date on the Department's e	a member or an authorized representative of a member. secuted in accordance with section 605.0203 (1) (b), Florida Statutes, false information submitted in a document to the Department of State egree felony as provided for in s.817.155, F.S.
CLE V: Effective date, if other than the deffective date is listed, the date must be te of filing.)  If the date inserted in this block does not current's effective date on the Department's e	a member or an authorized representative of a member.  Recuted in accordance with section 605.0203 (1) (b). Florida Statutes, false information submitted in a document to the Department of State

# 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)