**Division of Corporations Electronic Filing Cover Sheet** 

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document,

(((H22000389844 3)))



H220003898443ABC7

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : NELSON MULLINS RILEY & SCARBOROUGH LLP OF BOCA RATON

Account Number : 076376001555 Phone : (803)255-9617 Fax Number : (561)483-7321

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_goaephi@gmail.com

## FLORIDA LIMITED LIABILITY CO.

1585-1587 High Falls Road, LLC

Certificate of Status	0
Certified Copy	L
Page Count	03
Estimated Charge	\$155.00

Fax Audit Number: H22000389844 3

### ARTICLES OF ORGANIZATION OF. 1585-1587 HIGH FALLS ROAD, 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.

#### ARTICLEI

The name of this limited liability company shall be 1585-1587 High Falls Road, LLC.

#### ARTICLE II

The mailing address and street address of the principal office of the limited liability company shall be 1500 Ocean Drive, #903, Miami Beach, FL 33139, the privilege of having its offices and branch offices at other places within or without the State of Florida.

#### ARTICLE III

The initial registered office of this limited liability company is 1500 Ocean Drive, #903, Miami Beach, FL 33139. The initial registered agent at that address is Philip H. Cohen.

#### ARTICLE IV

The limited liability company shall be manager-managed. The initial manager of the limited liability company is Philip II. Cohen.

#### ARTICLE V

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

IN WITNESS WHEREOF, the undersigned authorized representative has executed these Articles of Organization as of 14 November, 2022.

Philip H. Cohen, Authorized Representative

Fax Audit Number: H22000389844 3

# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 605.0113, 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 1585-1587 High Falls Road, LLC.

SECOND -- The name and address of the registered agent and office is:

Philip H. Cohen 1500 Ocean Drive, #903 Miami Beach, FL 33139

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.

Dated as of the 14 day of November 2022.

Philip H. Cohen, Registered Agent