

11/15/22, 4:38 PM

Division of Corporations
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L220003903413

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To:

Division of Corporations
 Fax Number : (850)617-6381

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Account Name : ALLSTATE CORPORATE SERVICES CORP
 Account Number : 120040000031
 Phone : (800)906-9220
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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FLORIDA LIMITED LIABILITY CO.
Casa Beach Group LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

T. SCOTT
NOV 15 2022

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 DIVISION OF CORPORATIONS
 TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Casa Beach Group 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:102 KENSINGTON ROAD
HOLLYWOOD, FL 33021**Mailing Address:**102 KENSINGTON ROAD
HOLLYWOOD, FL 33021**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:

ELI ALKOBI

Name

102 KENSINGTON ROADFlorida street address (P.O. Box **NOT** acceptable)

<u>HOLLYWOOD</u>	<u>FL</u>	<u>33021</u>
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.

/S/ ELI ALKOBI

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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 DIVISION OF CORPORATIONS
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ARTICLE IV.

Title:

Name and Address:

AMBR

ELI ALKOB!
102 KENSINGTON ROAD
HOLLYWOOD, FL 33021

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

/S/ ELI ALKOBI

Signature of a member or an authorized representative of a member.
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
I am aware that any false information submitted in a document to the Department of State
constitutes a third degree felony as provided for in s.817.155, F.S.

ELI ALKOBI

Typed or printed name of signee