· . 12/27/22, 10:00 AM

# Division of Corporations Electronic Filing Cover Sheet

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# FLORIDA LIMITED LIABILITY CO.

## Miriam Freiligh Trust LLC

Certificate of Status	U U
Certified Copy	0
Page Count	. 02
Estimated Charge	\$125.00

Electronic Hiling Menu Corporate Filing Menu Help

ARIICLES	OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY
	<b></b>

## ARTICLE 1 - Name:

The name of the Limited Liability Company is:

#### Miriam Freitich Trust LLC

(Must equain 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:	Mailing Address:
3720 N 54th Ave	4101 N 50th Ave
Hollywood, FL 33021	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 most designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

	מואה	
5011 South State Ro	ad 7. Suite 106	
Florida street addres	s (P.O. Box <u>NOT</u> ac	cceptable)
Davie	Fl.	33314

Having been named as registered agent and to accept service of process for the above stated limited liability company lpha the zplace designated in this certificate. Thereby accept the appointment as registered agent and agree to act in 💤 scapacity. T further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and  $l_{\perp}$  . am familiar with and accept the obligations of my position as registered agent as provided for in Clipte 605. ES

> Registered Agent's Signature (4.3 (D) [4-1]) (CONTINUED)

. . . .

Title: "AMBR" = Authorized Member "MGR" = Mahager	Name and Address:
AMBR	Mirjam Freilich 4101 N 50th AVE Hollywood, FL 33021
(1) a catanhan a if	
(Use attachment if necessary)	
TICLE V: Effective date, if other than to in effective date is listed, the date mus date of filing.) te: If the date inserted in this block doc	he date of filing:
TICLE V: Effective date, if other than to in effective date is listed, the date mus date of filing.) le: If the date inserted in this block door document's effective date on the Deput	t be specific and cannot be more than five business days prior to or 90 days, so meet the applicable statutory filing requirements, this date will not be
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FIGLE V: Effective date, if other than to the effective date is listed, the date must date of filing.)  Let If the date inserted in this block doe document's effective date on the Department of the other provisions, if any.	t be specific and cannot be more than five business days prior to or 90 days not meet the applicable statutory filing requirements, this date will not be rement of State's records.
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FIGLE V: Effective date, if other than to reffective date is listed, the date must date of filing.)  E: If the date inserted in this block doctor document's effective date on the Department's effective date on the Department's Other provisions, if any.  REOURED SIGNATURE:  Signature of This document is I am aware that are constitutes a third	the specific and cannot be more than five business days prior to or 90 days not meet the applicable statutory filing requirements, this date will not be rement of State's records.  Of a member or an authorized representative of a member, executed in accordance with section 605.0203 (1)(b), Florida Statutes, sy false information submitted in a document to the Department of State