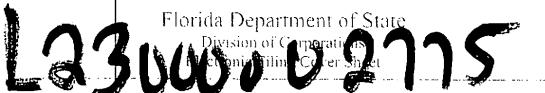
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Division of Corporations



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.

(((H23000003077.3)))



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To:

Division of Corporations

Fbx Number : (850)617-6381

From:

Alcount Name : KATZ BASKIES & WOLF PLLC

Account Number : 120082000071 : (561)910-5700 Fak Number : (561)910-5701

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

FLORIDA LIMITED LIABILITY CO.

Lawrence Abramson Holdings National LLC

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T. SCOTT

JAN - 5 2023

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Help

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COVER LETTER

TO:	New Filing S Division of C	
0110.10	Lawrenc	Abramson Holdings National ELC
SUBJE	CT:	Name of Limited Liability Company
The enc	losed Articles	f Organization and fee(s) are submitted for filling.
Please re	tum all cones	condence concerning this matter to the following:
	Jeffrey A.	Baskies
		Name of Person
	Kaiz Baski	es & Wolf PLLC
		Firm/Company
	3020 Norti	Military Trail Suite 100
		Address
	Boca Rator	, FL 33431
	ings line	City/State and Zip Code
	jeti.oaskieso	katzbaskies.com E-mail address: (to be used for future annual report notification)
For furthe	r information o	oncerning this matter, please call:
	Jeffrey A. E	
	Na	ne of Person Area Code Daytime Telephone Number
Enclosed	l is a check for	the following amount:
■\$125.0	00 Filing Fee	☐\$130 00 Fiting Fee & ☐\$155.00 Filing Fee & ☐\$160.00 Filing Fee. Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed)
	New Divis P.O.	Street Address Piling Section New Filing Section Division On of Corporations The Centre of Tallahassee Box 6327 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314 Tallahassee, FL 32303

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ARTICLES	OF ORGANIZATION FOR	FLORIDA LIMTI	ED LIABILITY COMPANY	
ARTICLE I - Name: The name of the Limited Liab	elity Company is:			
***************************************	on Holdings National LLC			·
(Must co	ntain the words "Limited I	Liability Compa	ny, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street	address of the principal of	fice of the Limi	ted Liability Company is:	
<u>Princ</u>	nal Office Address:		Mailing Address:	
16584 Ironwood D			6584 Ironwood Drive	
Delrav Beach, FL	33445	<u>D</u>	elray Beach, FL 33445	<u> </u>
another business entity with a	-			
	16584 Ironwood Drive	c		
	Florida street address		(acceptable)	
	Delray Beach	FL	33445	
	City	State	Zip	
place designated in this cerufical further agree to comply with the	te. I hereby accept the appo provisions of all statutes re- publications of my position a	intment as regis lating to the pro- is registered tipe	the above stated limited liability of tered agent and agree to act in the per and complete performance of at as provided for in Chapter 605 nature (REQUIRED)	is capacity. I my duties, and I

(CONTINUED)

H23000003077 3

Title: "AMBR"	Name and Address: Authorized Member
"MGR" =	Manager
MGR	Lawrence Abramson
	1 16584 Ironwood Drive
	Delray Beach, FL 33445
	
	lunent if necessary)
ARTICLE V: Effective date the date of filing.) Note: If the date is	ctive date, if other than the date of filing:
ARTICLE V: Effective date the date of filing.) Note: If the date in the document's effective date.	ctive date, if other than the date of filing:
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ARTICLE V: Effective date the date of filing.) Note: If the date in the document's effective date and description date are determined as a second date and description date are determined as a second date are date are date are date are date are date are date.	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 Lawrence Abramson
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ARTICLE V: Effe. (If an effective date the date of filing.) Note: If the date in the document's effe ARTICLE VI: Oth REOUIR	ED SIGNATURE: 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 Lawrence Abramson Typed or printed name of signee Filing Fees:
ARTICLE V: Effective date the date of filing.) Note: If the date in the document's effective date in the document's effective document's effective date. REOUIR	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. Lawrence Abramson Typed or printed name of signee [OPTIONAL] (OPTIONAL) (A) (A) (D) (A) (D) (D) (D) (D