## Florida Department of State

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.

(((H23000047466 3)))



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 : FILINGS, INC. Account Number : 072720000101 Phone : (954)791-2100 Fax Number : (954)583-4117

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

Email Address:\_

## FLORIDA LIMITED LIABILITY CO. 7922 EAST DR LLC

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

H23000047466 Docusign Envelope ID: A85A7675-7668-4CC4-A469-DB291A487114

ARTICLES	FORGANIZATION FOR	FLORIDALL	MITED LIABILITY COMPAN	ŶΥ
ARTICLE I - Name: The name of the Limited Liabil	ity Company is:			
7922 East Dr LLC				
(Must con	tain the words "Limited	Liability Cor	pany, "L.L.C.," or "LLC.")	·
ARTICLE II - Address: The mailing address and street	address of the principal o	office of the L	imited Liability Company is	:
Princi	oal Office Address:		Mailing A	ddress:
7927-7931 East Dri North Bay Village,			P.O. Box 96702 Maple, Ontario L6A0A2	CA
			Maple, Olitario Editoria	
The name and the Florida street	address of the registered	d agent are:		-
	101 NE 3 Avenue, S	uite 1800		
	Florida street addres		IOT acceptable)	-
	Ft Lauderdale	FL	33301	_
	City	State	Zip	•
Having been named as registered place designated in this certificate further agree to comply with the pain familiar with and accept the of	I hereby accept the approvisions of all statutes rebligarithms by mastion  Mike karsolu  — coertergeodous.	ointment as re elating to the j as registered	gistered agent and agree to c proper and complete perform	act in this capacity. I

(CONTINUED)

H2300047466 DocuSign Envelope ID: A85A7675-7666-4CC4-A469-DB291A487114

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:	
Manager	Luis H. Navas P.O. Box 96702 Maple, Ontario L6A0A2 ČA	<b>-</b> -
		- - -
		- - -
		- -
<b>7</b> 1 12		
(Use attachment if necessary)		
ICLE V: Effective date, if other than the a effective date is listed, the date must be ate of filing.)  If the date inserted in this bluck does not be determined in the Department's effective date on the Department.	date of filing:	
ICLE V: Effective date, if other than the perfective date is listed, the date must be ate of filing.)  If the date inserted in this bluck does not be determined in the Department's effective date on the Department.	not meet the applicable statutory filing requirements, this date will not	
ICLE V: Effective date, if other than the offective date is listed, the date must be ate of filing.)  If the date inserted in this block does not be determined in the Department's effective date on the Department of the Departme	not meet the applicable statutory filing requirements, this date will not nent of State's records.	be listed
ICLE V: Effective date, if other than the n effective date is listed, the date must be ate of filing.)  If the date inserted in this block does a locument's effective date on the Departm ICLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a This document is explain aware that any	not meet the applicable statutory filing requirements, this date will not ment of State's records.  CAMBO 17838114EB  A member or an authorized representative of a member.  Cecuted in accordance with section 605.0203 (1) (b), Florida Statutes.  False in formation submitted in a document to the Department of Statutes.	2028 FEB - 7
CICLE V: Effective date, if other than the n effective date is listed, the date must be ate of filing.)  E: If the date inserted in this block does a document's effective date on the Department of the Departmen	not meet the applicable statutory filing requirements, this date will not ment of State's records.  Coccosigned by:  Concosigned by:  Concosig	be listed

Filing Fres:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

850-817-6381

2/7/2023 10:16:31 AM PAGE 1/001

Fax Server



February 7, 2023

FLORIDA DEPARTMENT OF STATE Division of Corporations

FILINGS, INC

SUBJECT: 7922 EAST DR LLC

REF: W23000016373

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

If you have any further questions concerning your document, please call (850) 245-6919.

Monique K Anderson Regulatory Specialist I Certification Section

FAX Aud. #: H23000047466 Letter Number: 923A00002891

AM 4: 22