L23000085225

| (Requestor's Name) |
|---|
| |
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| (Orty/Grate/Zip// Hone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| , , |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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| |

Office Use Only



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S. CHATHAM

2023 FEB 23 PM I2: 56



CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

| Pilofie: 650-556-1500 |
|--|
| ACCOUNT NO. : I2000000195 |
| REFERENCE : 518944 7165233 |
| REFERENCE: 518944 7165233 AUTHORIZATION: |
| COST LIMIT : \$ 125.00 |
| ORDER DATE : February 23, 2023 |
| ORDER TIME : 10:36 AM |
| ORDER NO. : 518941-010 |
| CUSTOMER NO: 7165233 |
| |
| DOMESTIC FILING |
| NAME: 214 E HALLANDALE BEACH LLC |
| |
| EFFECTIVE DATE: |
| ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP XX ARTICLES OF ORGANIZATION |
| PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: |
| CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING |
| CONTACT PERSON: Eyliena Baker - EXT. |

EXAMINER'S INITIALS:

COVER LETTER

| 10: | New Filing Sec Division of Cor | | | | |
|------------|-----------------------------------|---|---------------|--|---|
| CUDIE | rr. | | llandale Be | ach LLC | |
| SUBJEC | CT: | Name of Lim | ited Liabil | ity Company | |
| The encl | osed Articles of | Organization and fee(s) are | submitted | for filing. | |
| Please re | eturn all correspo | ondence concerning this ma | tter to the f | ollowing: | |
| | Peter Flagel | . Esq. | | | |
| | | | Name of | Person | |
| | Gibbons, P. | C. | | | |
| | | | Firm/Co | mpany | |
| | One Penn Pl | aza, 37th Floor | | | |
| | | | ۸ddr | ess | |
| | New York, 1 | New York 10119 | | | |
| | pflagel@gibb | | ty/State an | d Zip Code | |
| | | E-mail address: (to be used | for future a | nnual report notificati | ion) |
| For furthe | r information co | ncerning this matter, please | call: | | |
| | Peter Flagel, | | 212 | 613-2091 | |
| | Nam | | | Daytime Telephon | |
| Enclosed | l is a check for t | he following amount: | | | |
| □\$125. | 00 Filing Fee | □\$130.00 Filing Fee & Certificate of Status | Certiti | 5.00 Filing Fee & ed Copy al copy is enclosed) | ☐\$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed) |
| | New F Divisio P.O. B | ng Address iling Section on of Corporations ox 6327 assee, FL 32314 | | Street Address New Filing Section Di The Centre of Tallaha 2415 N. Monroe Stree Tallahassee, FL 3230 | assee et, Suite 810 |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| 214 E Hallandale Beach LLC | |
|---|--|
| (Must conatin the words "Limited L | iability Company, "L.L.C.," or "LLC,") |
| ARTICLE II - Address: | |
| The mailing address and street address of the principal of | 75'C |
| Principal Office Address: | Mailing Address: |
| 364 Gulf Road, Key Biscayne, 33149 FL | 364 Gulf Road, Key Biscayne, 33149 📆 🖂 |
| | |
| | |
| | |
| The Limited Liability Company cannot serve as its own I another business entity with an active Florida registration | Registered Agent's Signature: Registered Agent. You must designate an individual or (r) |
| The Limited Liability Company cannot serve as its own I another business entity with an active Florida registration | Registered Agent's Signature: Registered Agent. You must designate an individual or (r) |
| The Limited Liability Company cannot serve as its own I another business entity with an active Florida registration | Registered Agent's Signature: Registered Agent. You must designate an individual or ; ri |
| The Limited Liability Company cannot serve as its own Is another business entity with an active Florida registration. The name and the Florida street address of the registered and the registered and the Florida street address of the | Registered Agent's Signature: Registered Agent. You must designate an individual or ; ri |
| The Limited Liability Company cannot serve as its own Is another business entity with an active Florida registration. The name and the Florida street address of the registered and the registered and the Florida street address of the | Registered Agent's Signature: Registered Agent. You must designate an individual or imagent are: Company |
| another business entity with an active Florida registration The name and the Florida street address of the registered a Corporation Service C 1201 Hays Street | Registered Agent's Signature: Registered Agent. You must designate an individual or imagent are: Company |

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.

City

Corporation Service Company

By

Registered Agent's Signature (REQUIRED)

State

Zip

(CONTINUED)

ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Title: Name and Address: "AMBR" = Authorized Member "MGR" = Manager AMBR W6 Hallandale Beach LLC 364 Gulf Road, Key Biscayne, 33149 FL (Use attachment if necessary) 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, REOUIRED 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 constitutes a third degree felony as provided for in s.817.155, F.S.

Calvin J. Jonker - Authorized Representative

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent S 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)