

L23 000195241

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

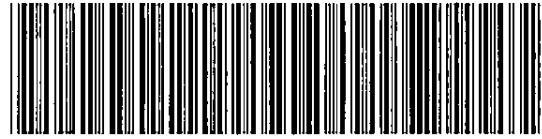
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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APR 20 2023

04/20/23--01001--016 125.00

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2023 APR 19 AM 11:13

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2023 APR 19 PM 4:43



# Advanced Incorporating Service

1317 California Street  
P.O. Box 20396  
Tallahassee, FL 32316

Phone: 850-222-CORP  
Fax: 850-575-2724  
Email: [wlopez@aisincfl.com](mailto:wlopez@aisincfl.com)  
Website: [www.aisincfl.com](http://www.aisincfl.com)

<p style="text-align: center;">NAME OF ENTITY</p> <p><u>7707 Fairfax Dr LLC</u></p> <p>_____</p> <p>_____</p> <p>_____</p>	<p style="text-align: center;">FOR OFFICE USE ONLY</p>
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### PICK ONE:

\_\_\_ CERTIFIED COPY     PHOTOCOPY    \_\_\_ C.U.S.

### FILING:

\_\_\_ CORPORATION     LLC    \_\_\_ LIMITED PARTNERSHIP    \_\_\_ GENERAL PARTNERSHIP  
\_\_\_ FICTITIOUS NAME    \_\_\_ SERVICEMARK/TRADEMARK    \_\_\_ AMENDMENT  
\_\_\_ FOREIGN QUALIFICATION    \_\_\_ JUDGMENT LIEN  
\_\_\_ OTHER \_\_\_\_\_

### RETRIEVAL:

\_\_\_ GOOD STANDING CERT/C.U.S.    \_\_\_ CERTIFIED COPY    \_\_\_ PHOTOCOPY  
of \_\_\_\_\_

### APOSTILLE/NOTARY CERTIFICATION REQUEST:

Country \_\_\_\_\_

Amount of Documents \_\_\_\_\_

DATE 4/19/23    TIME \_\_\_\_\_

### Notes:

\_\_\_\_\_

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

7707 Fairfax Dr, 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: Mailing Address:  
10 Bedford Square Same  
Pittsburgh, PA 15203

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:

Universal Registered Agents, Inc.  
Name  
1317 California Street  
Florida street address (P.O. Box NOT acceptable)  
Tallahassee FL 32304  
City State Zip

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SECRETARY OF STATE  
TALLAHASSEE, FL

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.

[Signature]  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**  
"AMBR" = Authorized Member  
"MGR" = Manager

**Name and Address:**

MGR _____	Casey Quinn 10 Bedford Square Pittsburgh, PA 15203
MGR _____	Fouad Bazzi 25571 Avondale St Dearborn Heights, MI 48125
_____	_____
_____	_____

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(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.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REQUIRED SIGNATURE:**

Casey Quinn  
\_\_\_\_\_

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.

Casey Quinn  
\_\_\_\_\_  
Typed or printed name of signee

**Filing Fees:**

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)