

L23000241337

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

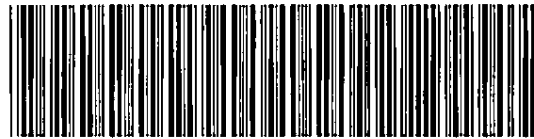
(Document Number)

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**CORPORATE  
ACCESS,  
INC.**

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LLC

1. 7245 S.W. 112<sup>TH</sup> STREET, LLC  
(CORPORATE NAME AND DOCUMENT #)

2. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

3. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

4. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

5. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

6. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL  
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TALLAHASSEE, FLORIDA

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: 7245 S.W. 112th Street, LLC  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

YESENIA VAZQUEZ  
Name of Person  
WEISBURD, EISEN & POSSENTI, P.A.  
Firm/Company  
2751 EXECUTIVE PARK DRIVE, SUITE 104  
Address  
WESTON, FLORIDA 33331  
City/State and Zip Code  
pdubinsky@aol.com  
E-mail address: (to be used for future annual report notification)

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SECRETARY OF  
TALLAHASSEE

For further information concerning this matter, please call:

YESENIA VAZQUEZ 786 296-8667  
Name of Person at ( ) Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee  
☐ \$130.00 Filing Fee & Certificate of Status  
☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)  
☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address

New Filing Section Division  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE 1 - Name:**

The name of the Limited Liability Company is:

7245 S.W. 112th Street, LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

**ARTICLE 11 - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

**Principal Office Address:**

10920 SW 62 AVENUE  
PINECREST, FLORIDA 33156

**Mailing Address:**

10920 SW 62 AVENUE  
PINECREST, FLORIDA 33156

**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:

PETER DUBINSKY

Name \_\_\_\_\_

10929 SW 62 AVENUE

Florida street address (P.O. Box **NOT** acceptable)

## PINECREST

FI.

33156

City

State

Zip

*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.*

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

PETER DUBINSKY  
10920 SW 62 AVENUE  
PINECREST, FLORIDA 33156

MGR

VIOLETTA DUBINSKY  
10920 SW 62 AVENUE  
PINECREST, FLORIDA 33156

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

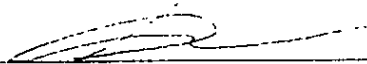
ARTICLE V: Effective date, if other than the date of filing: MAY 12, 2023, (OPTIONAL)  
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**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:**

  
\_\_\_\_\_  
**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.

Violetta Dubinsky  
\_\_\_\_\_  
Typed or printed name of signer

**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)

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FLORIDA