## 3000261751

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
, ,
PICK-UP WAIT MAIL
(During Fakin Nama)
(Business Entity Name)
(Document Number)
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Account#: I20000000088

Date:	05/31/2023	_		
Name:	KEN	···		
	#:201293	30		
Entity Nam	ne:	SAFED HO	LDINGS, LLC	<u> </u>
<b>✓</b> Artio	cles of Incorporation/A	uthorization to	Transact Busine	ess
☐ Ame	endment			
☐ Cha	inge of Agent			
☐ Rei	nstatement			
☐ Cor	version			
☐ Mer	ger			
Diss	solution/Withdrawal			
☐ Fict	itious Name			
☐ Oth	er			
Authorized	Amount:\$	125.00		
Signature:				

NY, NY 10016 D: +1.212.947.7200 P: 800,221,0102 F: 800.944.6607



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088

Date:05/	31/2023	_			
Name:	KEN				
Reference #:	201293	30			
Entity Name:		SAFED HO	DLDINGS, L	LC	
✓ Articles of	Incorporation/A	uthorization t	o Transact Bus	siness	
Amendme	ent				
Change o	f Agent				
Reinstate	ment				
Conversion	n				
Merger					
☐ Dissolutio	n/Withdrawal				
Fictitious I	Name				
Other					
Authorized Amou	ınt: <b>\$</b>	5125.00			
Signature:					

F: 800,944,6607

## COVER LETTER

TO:	New Filing Sec Division of Cor				
SUBJE	Safed Hold	lings, LLC			
SO DO D	<u> </u>	Name of	Limited Liabi	lity Company	
The enc	losed Articles of	Organization and fee(s	are submitte	I for filing.	
Please r	eturn all correspo	ondence concerning thi	s matter to the	following:	
	Lili A. Skru	mbis, Paralegal			
		_	Name o	f Person	
	Barnes & Th	normburg LLP			
			Firm/C	ompany	
	2029 Centur	y Park E. Suite 300			
			Add	ress	
	Los Angeles	, CA 90067			
	Lili.Skrumbis	Whtlaw com	City/State a	nd Zip Code	<del></del>
		E-mail address: (to be u	ised for future	annual report notificate	ion)
For furthe	er information co	ncerning this matter, p	ease call:		
	Lili Skrumbi		310	284-3867	
	Nam	e of Person	Area Code	Daytime Telephon	e Number
Enclose	d is a check for t	he following amount:			
	.00 Filing Fee	□\$130.00 Filing Fe Certificate of Status	Certif	55.00 Filing Fee & ied Copy nal copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	New F Divisio P.O. B	ig Address iling Section on of Corporations ox 6327 assee, FL 32314		Street Address New Filing Section D The Centre of Tallaha 2415 N. Monroe Stre Tallahassee, FL 3230	assee et, Suite 810

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	C			
The name of the Limited Liabilit	y Company is:			
Safed Holdings, LLC	·•			
	ain the words "Limited I	Liability Company	y, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street a	ddress of the principal o	ffice of the Limite	ed Liability Company is:	
<u>Princip</u>	al Office Address:		Mailing Addres	<u>ss</u> :
4540 PGA Blvd., Su	ite 208	45	40 PGA Blvd., Suite 208	_
Palm Beach Gardens		Pa	lm Beach Gardens, FL 33418	<u> </u>
			<del></del>	<del></del>
ARTICLE III - Registered Ag				
(The Limited Liability Company another business entity with an			t. You must designate an indi-	vidual or
•	_			
The name and the Florida street	address of the registered	agent are:		
	Cogency Global Inc.		<u></u>	
		Name		
	115 North Calhoun S	treet, Suite 4		
	Florida street address	s (P.O. Box <u><b>NOT</b></u>	acceptable)	
	Tallahassee, FL 3230	01		
	City	State	Zip	
Having been named as registered place designated in this certificate further agree to comply with the plan familiar with and accept the ol	. I hereby accept the apportance of all statutes re	ointment as regist Lating to the prop	ered agent and agree to act in er and complete performance	this capacity. I of my duties, and I
	PJKellan	– Patrick	Kellner, Assistant Secreta	ry
	Regist	ered Agent's Sign	ature (REQUIRED)	
		(CONTINUED	<b>)</b> )	2029 HA) 3

## ARTICLE IV-

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

"AMBR" = Authorized Member	Same and Address:	
"MGR" = Manager		
NOR - Manager		
MGR	Michael Zusman	
	4540 PGA Blvd., Suite 208 Palm Beach Gardens FL 33418	_
	rami Beach Gardens FL 55418	
MGR	Ula Zusman	
MOR	4540 PGA Blvd., Suite 208	
	Palm Beach Gardens FL 33418	
<del></del>	<del></del>	<del></del> -
		<del></del>
	<del></del>	
(Use attachment if necessary)		
E V: Effective date, if other than the da ective date is listed, the date must be sof filing.)	te of filing:	rior to or 90
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