

L23000283555

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

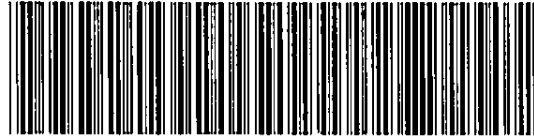
(Business Entity Name)

(Document Number)

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

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FILED

2023 APR 13 AM 11:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED

2023 JUN 13 PM 3:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FLORIDA CAPITAL COURIER SERVICES, INC

2330 CLARE DRIVE

TALLAHASSEE, FL 32309

(850) 524-5437

(850) 524-6243

Please use funds from this account: I20210000160: \$130.00

Authorization Signature: *Jan Yull* :  
BIRD RD 12<sup>TH</sup>, LLC

BUSINESS NAME DOCUMENT #

Certified Copy

Certificate of Status

**NEW FILINGS**

- Profit Corp
- Not for Profit
- Limited Liability**
- Domestication
- Other
- CORP
- LLLP

**AMMENDMENTS**

- Amendment
- Resignation of R.A. Officer/Director
- Change of Registered Agent
- Revocation of Dissolution
- Merger
- Articles of Conversion
- Amended and restated Articles
- Statement of Authority

**OTHER FILINGS**

- Annual Report
- Fictitious Name
- APOSTILLE
- Country

**REGISTRATION/QUALIFICATIONS**

- Foreign filing
- Limited Partnership
- Reinstatement
- Other

**EXAMINER'S INITIALS:** \_\_\_\_\_

**COVER LETTER**

**TO: New Filing Section  
Division of Corporations**

**SUBJECT:** BIRD RD 12TH, 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:

Jonathan K. Winer, Esq.  
Name of Person  
Fuse Group Investment Companies  
Firm/Company  
900 NW 6th Street, Suite 201  
Address  
Fort Lauderdale, FL 33311  
City/State and Zip Code  
jonathan@fusegroupco.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jonathan K. Winer, Esq.      954      687-9448  
at (      )  
Name of Person      Area Code      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 I - Name:

The name of the Limited Liability Company is:

BIRD RD 12TH, 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:

900 NW 6th Street, Suite 201  
Fort Lauderdale, FL 33311

900 NW 6th Street, Suite 201  
Fort Lauderdale, FL 33311

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.)

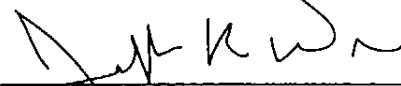
The name and the Florida street address of the registered agent are:

Jonathan K. Winer, Esq.  
Name

900 NW 6th Street, Suite 201  
Florida street address (P.O. Box **NOT** acceptable)

Fort Lauderdale                      FL                      33311  
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)

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2023 APR 13 AM 11:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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

FUSE 10, LLC  
900 NW 6th Street, Suite 201  
Fort Lauderdale, FL 33311

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(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.)

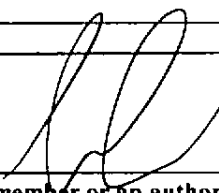
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any.

Authorized to Engage in All Lawful Business Activities

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

**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.

Eyal Peretz

\_\_\_\_\_  
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)