# 123000293543

	(Requestor's Name)	
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	(City/State/Zip/Phone #)	<del></del>
PICK-UP	☐ WAIT	MAIL
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	(Business Entity Name)	
	(,	
	(Document Number)	
Certified Copies	_ Certificates o	f Status
Special Instructions to	Filing Officer:	

Office Use Only



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SECRETARY OF STATE

FILED
2023 JUN 19 PM 9: 14

23 JUN 19 AH 10: 25

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

ACCOUNT NO. : I2000000195
REFERENCE: 820548 109203A
AUTHORIZATION :
COST LIMIT : \$125.000
ORDER DATE : June 16, 2023
ORDER TIME : 9:33 AM
ORDER NO. : 820548-015
CUSTOMER NO: 109203A
DOMESTIC FILING
NAME: TH 3780 PROPERTY 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:

# COVERLETTER

	New Filing Section Division of Corporations		
eun in en	TH 3780 PROPERTY LLC		
SUBJEC	Name of I	Limited Liability Company	
The enclo	sed Articles of Organization and fee(s)	) are submitted for filing.	
	irn all correspondence concerning this	_	
	STEVEN R AMSTER, ESQ.		
		Name of Person	
	KODSI LAW FIRM PA		
	<u> </u>	Firm/Company	
	1000 N HIATUS ROAD, SUITE 1	103	
		Address	
	PEMBROKE PINES, FL 33026		
	nameter@kadailoudirm.com	City/State and Zip Code	
	samster@kodsilawfirm.com E-mail address: (to be us	sed for future annual report notification)	
For further i	nformation concerning this matter, plea	ease call:	
	Steven at (	954 771-8277 ext 111	
	Name of Person	Area Code Daytime Telephone Number	
Enclosed i	s a check for the following amount:		
\$125.00 F	iling Fee \$130.00 Filing Fee & Certificate of Status	Certified Copy Certificate of Status &  (additional copy is enclosed) Certified Copy  (additional copy is englosed)	2023
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle	3 JUN 19 PM 9:

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
TH 3780 PROPERTY LLC	
(Must contain the words "Limited Liability	y Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of  Principal Office Address:	the Limited Liability Company is:  Mailing Address:
3780 NE 167 STREET # 48	3780 NE 167 STREET #48
NORTH MIAMI BEACH, FL 33160	NORTH MIAMI BEACH, FL 33160
ARTICLE III - Registered Agent, Registered Office, & Registered Liability Company cannot serve as its own Register another business entity with an active Florida registration.)  The name and the Florida street address of the registered agent a	ered Agent. You must designate an individual or

HAREL BITTON

Name

3904 NE 167 STREET

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

NORTH MIAMI BEACH, FL 33160

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..

By Harel Bitton

Registered Agent's Signature (REQUIRED)

(CONTINUED)



Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager MGR	ADAM BARON
MOIX	1550 N EL CENTRO AVENUE APT 1110
	LOS ANGELES, CA 90028
MGR	SHAHAF SHOSHAN
<del></del>	1550 N EL CENTRO AVENUE APT 1110
	LOS ANGELES, CA 90028
	LOS ANGELES, CA 90020
	<del></del>
(Use attachment if necessary)	
LEV: Effective date, if other than the	date of filing: (OPTIONAL)
	e specific and cannot be more than five business days prior to or 90 days
e of filing.)	
If the date inserted in this block does n	ot meet the applicable statutory filing requirements, this date will not be list
	aut of State's wagerds
ument's effective date on the Departm	ent of state's records.

### REQUIRED SIGNATURE:

ARTICLE IV-

# Steven R. Amster

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.

# STEVEN R. AMSTER, AUTHORIZED PERSON

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)

as