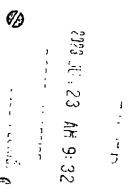
	(Requestor's Name)			
	(Nequestors Hame)			
	(Address)			
	(Address)			
	101 (01117) 101			
	(City/State/Zip/Phone #)			
PICK-UP	WAIT MAIL			
	(Business Entity Name)			
	(Document Number)			
Certified Copies	Certificates of Status			
Special Instructions to Filing Officer:				
İ				





05/23/23--01004--008 **125.00



CORPORATE ACCESS, ___

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INC.

236 East 6th Avenue. Tallahassee, Florida 32303 P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

		PICK	UP:	MISTY 6/23		
2	XX	CERTIFIED COPY PHOTOCOPY				
		CUS			 	·
2	XX	FILING	LLC		 	
1.	-	2F MIAMI, LLC (CORPORATE NAME AND DOCUM	IENT #)		 	
2.	-	(CORPORATE NAME AND DOCUM	IENT #)		 	
3.	-	(CORPORATE NAME AND DOCUM			 	
4.	_					
5.		(CORPORATE NAME AND DOCUM	ENT #)			
6.	_	(CORPORATE NAME AND DOCUM	ENT#)		 	
	-	(CORPORATE NAME AND DOCUM	ENT#)		 	-,,,,,
SPEC INST		CTIONS:		<u> </u>		
					 	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
2F: MIAMI, LL	C
(Must contain the words "Limited Liability C	
ARTICLE II - Address: The mailing address and street address of the principal office of the	Limited Liability Company is:
Principal Office Address:	Mailing Address:
2000 BIARRITZ DRIVE	same
MIAMI BEOCHIR 33141	
another business entity with an active Florida registration.) The name and the Florida street address of the registered agent are DONICL G. F Name	
Name	411010
2000 BIARRITZ	Deive APT 202
riorida street address (1.0. b)	x MOT acceptable)
Hiami Beach, Fl	
City State	e Zip
Having been named as registered agent and to accept service of procest blace designated in this certificate, I hereby accept the appointment as airther agree to comply with the provisions of all statutes relating to the familiar with and accept the obligations of my position as registered.	registered agent and agree to act in this capacity. Itseeproper and complete performance of my duties, and I
Registered Agent	's Signature (REQUIRED)

(CONTINUED)



•	authorized to manage and control the Limited Liability Company:
<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGR	Daniel G. FANTONE
N 1 C O	MICH BEACH , A 3314.
MGR	GIULIANO A. FANTONE 2000 BIARRITZ DRIVE APT 202
	Miami Beach, Fl. 33141
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the dat	e of filing: 5/17/23 (OPTIONAL)
	pecific and cannot be more than five business days prior to or 90 days after
Note: If the date inserted in this block does not the document's effective date on the Department	meet the applicable statutory filing requirements, this date will not be listed
!	tot state's records.
ARTICLE VI: Other provisions, if any.	
. <u> </u>	
REQUIRED SIGNATURE:	Dieter
Signature of a m	ember or an authorized representative of a member.
This document is execu I am aware that any fals	ited in accordance with section 605.0203 (1) (b), Florida Statutes. e information submitted in a document to the Department of State
constitutes a tillid degre	te felony as provided for in s.817.155, F.S.

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)