Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000226025 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Ta:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : RASI

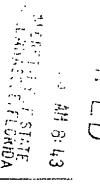
Account Number : I20220000023 Phone : (800)221-2972 Fax Number : (917)243-5843

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

Email Address:\_

## FLORIDA LIMITED LIABILITY CO. 1002 NE 15th ST LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00



850-617-6381

Ta:

6/27/2023 11:28:04 AM PAGE 1/001 Fax Server



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RASI

SUBJECT: 1002 NE 15TH ST LLC

REF: W23000089416

June 27, 2023

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Landscape format is not acceptable, please resend portrait format with fax cover sheet.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Dil Sultana Regulatory Specialist II

FAX Aud. #: H23000226025 Letter Number: 323A00014471

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liabil	ity Company is:		
1002 NE 15th ST L	LC		
(Must con	tain the words "Limited	Liability Compar	iy, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street i	address of the principal o	office of the Limit	ted Liability Company is:
Princis	al Office Address:		Mailing Address:
14122 SW 51St Cot	ırt	14	4122 SW 51St Court
Miramar, PL 33027		<u>M</u>	flamar, PL 33027
The name and the Florida street	Dr. Giselle Deiros  14122 SW 51St Cou Florida street addres	Name	T accentable)
			_ •
	Mirumar City	FL State	33027 Zip
place designated in this certificate further agree to comply with the p	i, I hereby accept the app rovisions of all statutes r bligations of my position	pointment as regis relating to the proj as registered age	the above stated limited liability company at the nered agent and agree to act in this capacity. I per and complete performance of my duties, and I mit as provided for in Chapter 605, F.S  Therefore, (REQUIRED)

Title: "AMBR" = Authorized Member "MOR" = Manager	Name and Address:
	Ramiro Deiros 18220 Grand Control Parkway Jamaica Estates, NY 11432
	Hanette Gomez 18270 Grand Central Parkway Jamaica Pateres, NY 1432
(Use attachment if necessary)	data of Albania (OPTIONAL)
LE V: Effective date, if other than the fective date is listed, the date must b of filing.)  If the date inserted in this block does	not meet the applicable statutory filing requirements, this date will not
LE V: Effective date, if other than the feetive date is listed, the date must be of filing.) If the date inserted in this block does a mont's effective date on the Department's	se specific and cannot be more than five business days prior to or 90 not meet the applicable statutory filing requirements, this date will not
LE V: Effective date, if other than the fective date is listed, the date must be of filling.) If the date inserted in this block does amont's effective date on the Department's Other provisions, if any.	se specific and cannot be more than five business days prior to or 90 not meet the applicable statutory filing requirements, this date will not
LE V: Effective date, if other than the fective date is listed, the date must be of filing.) If the date inserted in this block does a mont's effective date on the Department's effective date on the Department Other provisions, if any.  HE VI: Other provisions, if any.	not meet the applicable statutory filing requirements, this date will not ment of State's records.
EV: Effective date, if other than the feetive date is listed, the date must be of filing.) If the date inserted in this block does a mont's effective date on the Department's effective date on the Department Other provisions, if any.  RECHITED SIGNATURE:  Signature of a This document is any.	se specific and cannot be more than five business days prior to or 90 not meet the applicable statutory filing requirements, this date will not
EV: Effective date, if other than the fective date is listed, the date must be of filing.)  If the date inserted in this block does a sment's effective date on the Department's effective date on the Department of EVI: Other provisions, if any.  RECHITED SIGNATURE:  Signsters of a This document is one I am swere that any a constitutes a first day.	not meet the applicable statutory filing requirements, this date will not ment of State's records.  State's records.