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Florida Department of State  
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To:

Division of Corporations  
Fax Number : (850)617-6381

From:

Account Name : GEOFFREY M. WAYNE, P.A.  
Account Number : 076770003401  
Phone : (305)381-8108  
Fax Number : (305)381-8109

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

Email Address: jorge@lermangroup.com

**FLORIDA LIMITED LIABILITY CO.  
UNITED WH LLC**

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

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I – Name:

The name of the Limited Liability Company is: **UNITED WH LLC**

### ARTICLE II – Address:

The mailing address of the Limited Liability Company is: 19790 W. DIXIE HWY, PH2, AVENTURA, FL 33180  
The street address of the principal office of the Limited Liability Company is: 19790 W. DIXIE HWY, PH2, AVENTURA, FL 33180

### ARTICLE III – Registered Agent, Registered Office, & Registered Agent's Signature:

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

LERMAN REALTY GROUP, INC.  
19790 W. DIXIE HWY, PH2  
AVENTURA, FL 33180

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.

DocuSigned by:

*George Lerman*

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Registered Agent's Signature

### ARTICLE IV – Management:

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

MANAGER

MIGUEL MIZRAHI MUSSALI

19790 W. DIXIE HWY, PH2

AVENTURA, FL 33180

AMBR

ESTHER MIZRAHI SEVILLA

19790 W. DIXIE HWY, PH2

AVENTURA, FL 33180

ARTICLE V – Effective date, if other than the date of filing: \_\_\_\_\_.

ARTICLE VI – Other Provisions, if any.

DocuSigned by:

*ESTHER MIZRAHI SEVILLA*

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Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

ESTHER MIZRAHI SEVILLA

Typed or printed name of signee

### FILING FEES:

\$ 100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (OPTIONAL)

\$ 5.00 Certificate of Status (OPTIONAL)