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## CAPITAL CONNECTION, INC.

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2206 HOLLYWOOD	LLC	<del>_</del> .
Please Debit FCA0000	000003 For: 125	
Thank you Seth Neele	·	
1 / /	<del></del>	
At 1/2/		Art of Inc. File
		LTD Partnership File
		Foreign Corp. File
		L.C. File
		Fictitious Name File
		Trade/Service Mark
		Merger File
		Art, of Amend. File
		RA Resignation
		Dissolution / Withdrawa)
		Annual Report / Reinstatement
		Cert. Copy
		Photo Copy
		Certificate of Good Standing
		Certificate of Status
		Certificate of Fictitious Name
		Corp Record Search
/ .		Officer Search
	/	Fictitious Search
Simon		Fictitious Owner Search
Signature		Vehicle Search
	<del></del>	Driving Record
Requested by:		UCC 1 or 3 File
<del></del>	·	UCC 11 Search
Name	Date Time	UCC 11 Retrieval
Walk-In	Will Pick Up	Courier

## COVER LETTER

	Sew Filing Section Division of Corporations			
SUBJECT	2206 HOLLYWOOD LLC			
300010		imited Liabil	ity Company	
The enclos	sed Articles of Organization and fee(s)	are submitted	for filing.	
Please retu	urn all correspondence concerning this r	natter to the	following:	
	MICHAEL ABADI			
		Name of	Person	
		Firm/Co	ompany	
	1160 KANE CONCOURSE, SUITE	301		
		Addr	ress	
	BAY HARBOR ISLANDS, FL 3315	4		
	MICHAEL.ABADI@TRIPLEFIVE.C	City/State an	d Zip Code	
	E-mail address: (to be use		innual report notificati	on)
For further i	information concerning this matter, plea	ise call:		
		305	9872923	
			Daytime Telephon	
Enclosed i	s a check for the following amount:			
	Filing Fee	Certifi	5.00 Filing Fee & ed Copy al copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address		Street Address	tata
	New Filing Section Division of Corporations		New Filing Section Di The Centre of Tallaha	
	P.O. Box 6327 Tallahassee, FL 32314		2415 N. Monroe Stree Tallahassee, FL 3230	

## AKHCLESOFORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liabi	ity Company is:		
2206 HOLLYWOO			
(Must cor	itain the words "Limited L	iability Com	pany, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street	address of the principal of	fice of the Li	mited Liability Company is:
Princi	pal Office Address:		Mailing Address:
1160 KANE CONC	COURSE		1160 KANE CONCOURSE
SUITE 301			SUITE 301
BAY HARBOR IS	LANDS, FL 33154		BAY HARBOR ISLANDS, FL 33154
The name and the Florida stree	BRUCE HORNSTER	_	· •
	6961 INDIAN CREE		<del></del>
	Florida street address	(P.O. Box <u>N</u>	OT acceptable)
	MIAMI BEACH	FL	33141
	City	State	Zip
lace designated in this certificat irther agree to comply with the p	e, I hereby accept the appo provisions of all statutes rea bligations of my position a	intment as req lating to the p s registered a	for the above stated limited liability company at the gistered agent and agree to act in this capacity. It is company at the proper and complete performance of my duties, and gent as provided for in Chapter 605, F.S
	Registe	red Agent's S	Signature (REQUIRED)
		(CONTINU	ED)

D	TI	$\boldsymbol{c}$	L I	IV-

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

'AMBR" = Authori	ced (Mentioe)
'MGR" = Manager	
_	
<u>MGR</u>	MICHAEL ABADI
	HARBOR ISLANDS, FL 33154
	DAT HARDOR ISLANDS, PL 32134
MGR	NATHAN YADGAR
	1160 KANE CONCOURSE SUITE 301
	BAY HARBOR ISLANDS, FL 33154
<del></del>	
Use attachment if n	acusenmy)
V: Effective date, ctive date is listed, filing.) he date inserted in	if other than the date of filing: 7/18/23 (OPTIONAL) the date must be specific and cannot be more than five business days prior to or 90 of this block does not meet the applicable statutory filing requirements, this date will not
EV: Effective date, etive date is listed, filing.) the date inserted in ment's effective date	if other than the date of filing: 7/18/23 (OPTIONAL) the date must be specific and cannot be more than five business days prior to or 90 or this block does not meet the applicable statutory filing requirements, this date will not son the Department of State's records.
CV: Effective date, etive date is listed, filing.) he date inserted in nent's effective date. CVI: Other provision	if other than the date of filing: 7/18/23 (OPTIONAL) the date must be specific and cannot be more than five business days prior to or 90 or this block does not meet the applicable statutory filing requirements, this date will not son the Department of State's records.
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CV: Effective date, etive date is listed, filing.) he date inserted in item's effective date. CVI: Other provision.  REQUIRED SIGN  This I am cons	if other than the date of filing: 7/18/23 (OPTIONAL) the date must be specific and cannot be more than five business days prior to or 90 of this block does not meet the applicable statutory filing requirements, this date will not so on the Department of State's records.  Ins., if any.  ATURE:  Wabadi  Signature of a member or an authorized representative of a member. Is document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. In aware that any false information submitted in a document to the Department of State stitutes a third degree felony as provided for in s.817.155. F.S.  MICHAEL ABADI