

L23000353880

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

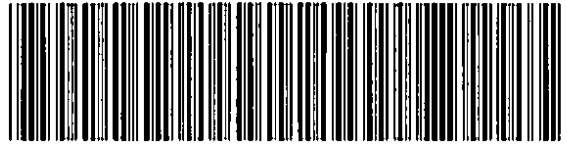
Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer.

W23-101348

Office Use Only



800412440988

07/24/23--01003--009 \*\*125.00



2023 JUL 24 AM 11:37

2023 JUL 27 PM 3:44

APPROVED  
AND  
FILED

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JUL 27 2023  
K. Brumby

**CORPORATE  
ACCESS,  
INC.**

*When you need ACCESS to the world*

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:      BROOK 7/27**

**CERTIFIED COPY**

**XX      PHOTOCOPY**

**CUS**

**XX      FILING**

**LLC**

**1.      LESZKOWITZ FAMILY HOLDINGS, LLC**

(CORPORATE NAME AND DOCUMENT #)

**2.**

(CORPORATE NAME AND DOCUMENT #)

**3.**

(CORPORATE NAME AND DOCUMENT #)

**4.**

(CORPORATE NAME AND DOCUMENT #)

**5.**

(CORPORATE NAME AND DOCUMENT #)

**6.**

(CORPORATE NAME AND DOCUMENT #)

**SPECIAL  
INSTRUCTIONS:**

**Articles of Organization  
For  
Florida Limited Liability Company**

**Article I**

The name of the Limited Liability Company is:

LESZKOWITZ FAMILY HOLDINGS, LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:

111 N Pompano Beach Blvd.  
Apt 612  
Pompano Beach, Florida 33308

The mailing address of the Limited Liability Company is:

111 N Pompano Beach Blvd.  
Apt 612  
Pompano Beach, Florida 33308

The email address to receive notifications from the Florida Department of State is:

dleszkowitz@gmail.com

**Article III**

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

David Leszkowitz, M.D.  
111 N Pompano Beach Blvd.  
Apt 612  
Pompano Beach, Florida 33308

Having been named as registered agent and to accept service of the 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.

Registered agent signature: /s/ David Leszkowitz, M.D.

APPROVED  
AND  
FILED  
2023 JUL 27 PM 3:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## **Article IV**

The Limited Liability Company will be a manager-managed company. The name and address of person authorized to manage Limited Liability Company is:

David Leszkowitz, M.D.  
Title: Manager  
111 N Pompano Beach Blvd.  
Apt 612  
Pompano Beach, Florida 33308

Signature of member or an authorized representative: /s/ David Leszkowitz, M.D.

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.