

# L230000386035

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : FILE RIGHT LLC  
Account Number : I20170000091  
Phone : (718)878-5811  
Fax Number : (718)732-4580

**\*\*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.  
2255 S. BELVOIR BLVD LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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2017 AUG 16 PM 4:42

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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## COVER LETTER

**TO: New Filing Section  
Division of Corporations**

**SUBJECT:** 2255 S. BELVOIR BLVD LLC  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Name of Person  
FILE RIGHT LLC  
Firm/Company  
5314 16TH AVENUE SUITE 139  
Address  
BROOKLYN, NY 11204  
City/State and Zip Code  
sales@filecorp.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mini 718 878-5811  
at ( )  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**Mailing Address**

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**

New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

2023 Aug 16 Fri 11:12  
ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED  
DATE 08-16-2023 BY 60322 UCBAW

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name:**

The name of the Limited Liability Company is:

2255 S. BELVOIR BLVD LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

**ARTICLE II - Address:**

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

**Principal Office Address:****Mailing Address:**1100 NE 163RD STREET SUITE 404  
N MIAMI BEACH, FL 331621100 NE 163RD STREET SUITE 404  
N MIAMI BEACH, FL 33162**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

ELLIOT ROMANO

Name

1100 NE 163RD STREET SUITE 404Florida street address (P.O. Box **NOT** acceptable)N MIAMI BEACH FL 33162

City

State

Zip

*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..*

/s/ ELLIOT ROMANO

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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MAIL ROOM

