# Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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## FLORIDA LIMITED LIABILITY CO.

## 2255 S. BELVOIR BLVD LLC

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## COVER LETTER

	ew Filing Section ivision of Corporations
SURIFOT	2255 S. BELVOIR BLVD LLC
30,000,001	Name of Limited Liability Company
The enclos	ed Articles of Organization and fee(s) are submitted for filing.
Please retu	rn all correspondence concerning this matter to the following:
	Name of Person
	FILE RIGHT LLC
	Lirm:Company
	5314 16TH AVENUE SUITE 139
	Address
	BROOKLYN, NY 11204
	City/State and Zip Code sales@fileacorp.com
_	E-mail address: (to be used for future annual report notification)
For further in	nformation concerning this matter, please call
	Miri 718 878-5811
	Name of Person Area Code Daytime Telephone Number
Enclosed is	a check for the following amount:
\$125,00 Fi	hing Fee S130.00 Filing Fee & S155.00 Filing Fee & S160.00 Filing Fee.  Certificate of Status (additional copy is enclosed) Certified Copy (additional copy is enclosed)
	MailingAddress New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 32314  Control of Corporations Tallahassee, F1, 32314  Control of Corporations Tallahassee, F1, 32301

H23000284(40)3

### ARTICLESOF 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
 1100 NE 163RD STREET SUITE 404

 N MIAMI BEACH, FL 33162
 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 404

Florida 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. Thereby 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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"MGR" = Manage			
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