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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : FELDMAN & ASSOCIATES

Account Number : I20130000018 Phone : (305)931-0433

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



FLORIDA LIMITED LIABILITY CO.

Latelier 1603 LLC

Certificate of Status	0
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T. MATTHEWS

SEP 19 2023

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Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPA

ARTICLE 1 -	·Name:
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o:

The name of the Limited Liability Company is:

12023 SEP 18 PH 2: 35

....... !ARY OF STATE TALLAHASSEE, FL Latelier 1603 LLC (Must contain the words "Limited Liability Company, "L.L.C.," or "LI.C.")

ARTICLE II - Address:

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

	Mailing Address:
6901 Collins Avenue, Unit #1603	6901 Collins Avenue, Unit #1603
Miami Beach, FL 33141	Miami Beach, FL 33141

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:

Paul Feldman, P.A.	Nim	
2750 NE 185th Stre	eet. Suite 203	
Florida street addre	ess (P.O. Box <u>NOT</u> ac	cceptable)
	FI.	33180
Aventura	1 12	27.11.11

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 Fis 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 Gupt: 605, FS

Registered Agent's Signature REQUED

(CONTINUED)

o:

. . . .

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<i>-</i> ۱	7			1.6	1

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

<u>Title:</u>		Name and Address:	
	thorized Member		
"MGR" = Man	ager		
MGR		Chaim Lebowitz	
<u>.710R</u>		6901 Collins Avenue, Unit #1603	· · · · · · · · · · · · · · · · · · ·
		Miami Beach, FL 33141	
			
			
			
(Use attachmen	nt (finecessary)		
·	-		
ARTICLEV: Effective	date, if other than the date o	f filing:	(OPTIONAL)
If an effective date is lis	sted, the date must be spec	ific and cannot be more than five busine	ess days prior to or 90 days after
he date of filing.)	·		
	ed in this block does not me	et the applicable statutory filing requiren	ients, this date will not be listed as
	date on the Department of		
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RTICLEVE Other pro	visions, if any,		
REQUIRED S	IGNATURE:	4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4	
		11.306	
_	- Jamy	Gell-	
-	Signature of a med	iber or an authorized representative of	a member.
	This document is executed	d in accordance with section 605.0203 (1)	(b), Florida Statutes.
			11

This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes. 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.

PAUL FELDMAN, ESQ

Typed or printed name of sign €

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)