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Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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

From: Account Name : FELDMAN & ASSOCIATES
Account Number : 120130000018
Phone : (305)931-0433
Fax Number : (866)856-1462

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

Email Address: paul@feldmanclosings.com

FILED
CLERK OF STATE
TALLAHASSEE, FL
2023 SEP 18 PM 2:35

RECEIVED
2023 SEP 18 PM 4:12

FLORIDA LIMITED LIABILITY CO. Latelier 1603 LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

T. MATTHEWS
SEP 19 2023

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED

2023 SEP 18 PM 2:35

ARTICLE I - Name:

The name of the Limited Liability Company is:

Latelier 1603 LLC

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

SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

6901 Collins Avenue, Unit #1603
Miami Beach, FL 33141

6901 Collins Avenue, Unit #1603
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.

~~Not~~

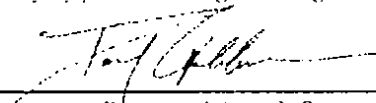
2750 NE 185th Street, Suite 203

Florida street address (P.O. Box **NOT** acceptable)

Aventura FL 33180

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 ~~his~~ 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, FS.



Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

Title:

Name and Address:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Chaim Lebowitz
6901 Collins Avenue, Unit #1603
Miami Beach, FL 33141

(Use attachment if necessary)

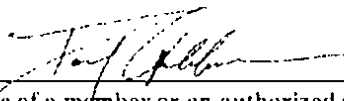
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

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 signor

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)