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DATE:

09/27/2023

NAME: 140 S DIXIE HWY # 401 LLC

TYPE OF FILING: ARTICLES

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AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

	ew rinng Sectivision of Con							
SUBJECT		140 S DIXIE HWY # 401 LLC						
	•	Name of Limited Liability Company						
The enclos	ed Articles of	Organization and fo	e(s) are :	submitted	for filing.			
Please retu	rn all correspo	ondence concerning	this matt	er to the f	ollowing:			
	Tomas Gonz	zalez						
				Name of	Person			
	Tomas Gonz	zalez Law P.A.						
	Firm/Company							
	PO BOX 934878							
	Address							
	Margate, Flo	orida 33093-4878						
	sunbiz@toma	sgonzalezław.com	City	y/State and	I Zip Code			
-	1	E-mail address: (to b	e used fo	or future a	nnual report notificat	ion)		
For further is	nformation co	ncerning this matter	, please c	rall:				
	Tomas Gonzalez		833 _at (288-7878			
	Nam	e of Person		a Code	Daytime Telephon	ne Number		
Enclosed is	s a check for t	he following amoun	ŧ:					
■\$125.00 Filing Fee □\$130.00 Filing Certificate of St		itus	Certific	5.00 Filing Fee & ed Copy ed Copy is enclosed)	☐S160.00 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 New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF ORCANIZATION FOR FLORIDA I IMPIED HABIL HY COMPANY

ACTICISM ORGANIZATION CONTINUE	MONTESTED EMBELLE COMPANY
ARTICLE I - Name:	
The name of the Limited Liability Company is:	
140 S DIXIE HWY # 401 LLC	
(Must contain the words "Limited Liabi	lity 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:
140 S. Dixie Highway Unit 401	140 S. Dixie Highway Unit 401
Hollywood, Florida 33020	Hollywood, Florida 33020
	
ARTICLE III - Registered Agent, Registered Office, & Re (The Limited Liability Company cannot serve as its own Regi another business entity with an active Florida registration.)	
The name and the Florida street address of the registered ager	nt are:
Tomas Gonzalez Law, P.A	1.
Nar	ne
8181 NW 154TH ST STE	204
Florida street address (P.C	D. Box NOT acceptable)

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..

State

MIAMILLAKES

City

Registered Agent (Signature (REQUIRED)

Zip

(CONTINUED)

•	1)	71'1	\sim	L	137	

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

	uthorized Member	Name and Address:
"MGR" = Mai	nager	
MGR		ANNA BRITA TEIXEIRA
		140 S DIXIE HWY UNIT 401 HOLLYWOOD FL 33020
		TOTAL TO OTT IS SOME
·	nt if necessary)	ate of filing: (OPTIONAL)
If an effective date is li he date of filing.)	isted, the date must be	specific and cannot be more than five business days prior to or 90 days after
Note: If the date insert	ed in this block does no e date on the Departme	of meet the applicable statutory filing requirements, this date will not be listed as
the document's effective	e date on the Departme	nt of State's records.
ARTICLE VI: Other pro	ovisions, if any.	
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	·	
	, <u> </u>	——// N
REOUIRED S	SIGNATURE:	
	Signature of a	member of an astrorized representative of a member.
	This document is exc	cuted in accordance with section 605.0203 (1) (b), Florida Statutes.
	I am aware that any fa	ulse information submitted in a document to the Department of State
	constitutes a trira deg	ree felony all provided for in s.817.155, F.S.

Filing Fees:

TOMAS GONZALEZ

Typed or printed name of signee