L23000475975

(Requestor's Name)	—
(Address)	_
(Address)	_
(City/State/Zip/Phone #)	-
(Business Entity Name)	
(Document Number)	_
Certified Copies Certificates of Status	_
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FLORIDA DEPARTMENT OF STATE Division of Corporations

October 16, 2023

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CAPITAL CONNECTION, INC.

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SUBJECT: FELDMAN-NAKASH CAPITAL LLC Ref. Number: W23000141781

We have received your document for and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please include the name of the person authorized to manage the company.,

If you have any further questions concerning your document, please call (850) 245-6000.

Summer Chatham Regulatory Specialist III Director's Office

Letter Number: 623A00023984

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7.

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

FELDMAN-NAKASH CAPITAL LLC

Please Debit FCA00000003 For: 130

Thank you Seth Neeley

A	
Signature	

Requested by: SETH

Name	Date	Time
	1111.2	

	Art of Inc. File
	LTD Partnership File
	Foreign Corp. File
	L.C. File
	Fictitious Name File
<u> </u>	Trade/Service Mark
	Merger File
	Art, of Amend, File
<u> </u>	RA Resignation
	Dissolution / Withdrawa)
	Annual Report / Reinstatement
	Cert. Copy
	Photo Copy
<u>×</u>	Certificate of Good Standing
<u> </u>	Certificate of Status
	Certificate of Fictitious Name
	Corp Record Search
	Officer Search
<u> </u>	Fictitious Search
	Fictitious Owner Search
	Vehicle Search
	Driving Record
	UCC 1 or 3 File
	UCC 11 Search

UCC 11 Retrieval



AKTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

FELDMAN-NAKASH CAPITAL 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:
20801 Biscavne Boulevard	1131 NE 184th Street
Suite 403	North Miami BEach, Florida 33179
Aventura, Florida 33180	

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:

annot serve as its ow tive Florida registrati		ou must designate an individ	lual or
dress of the registere	d agent are:		<u> </u>
PAUL M. KADE			
	Name		
2357-3 Tamiami Tra	ail South, Suite 151		ယ္
Florida street addre	ss (P.O. Box <u>NOT</u> acc	eptable)	- <u></u> -
Venice	Florida	34293	
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.

gent's Signature (RTQUARTIN)

(CONTINUED)

• • • • •

ARTICLE IV-

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

"MGR" = Manager	YANIV NAKASH	
MGR	1131 NE 184 Street North Miami Beach, Florida	
	33179	
PU-2-1		<u>.</u>
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(lise attachment if use every)		· · · · · · · · · · · · · · · · · · ·

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: <u>October 10, 2023</u>. (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.

<u>REQUI</u>	RED SIGNATURE:
	Signature of a filember 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 M. KADE Typed or printed name of signce

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

S 30.00 Certified Copy (Optional)

5 5.00 Certificate of Status (Optional)