

L23000501938

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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OFFICE
TALLAHASSEE, FLORIDA

FLORIDA CAPITAL COURIER SERVICES, INC

2330 CLARE DR

TALLAHASSEE, FL 32309

(850) 524-5437 / (850) 524-6243 / (850) 491-9625

Please use funds from this account: I20210000160: \$130.00

Authorization Signature:  :

DORAL STORAGE FEEDER LLC

BUSINESS NAME

DOCUMENT #

☐ Certified Copy

☒ **Certificate of Status**

NEW FILINGS

☐ Profit Corp

☐ Not for Profit

☒ **Limited Liability**

☐ Domestication

☐ LLLP

☐ CORP

☐ Other

☐ Other

AMMENDMENTS

☐ Amendment

☐ Resignation of R.A. Officer/Director

☐ Change of Registered Agent

☐ Revocation of Dissolution

☐ Merger

☐ Articles of Conversion

☐ Restated Articles of Incorporation

☐ Statement of Authority

OTHER FILINGS

☐ Apostille

☐ Country

☐ Annual Report

☐ Fictitious Name

REGISTRATION/QUALIFICATIONS

☐ Foreign filing

☐ Reinstatement

☐ Qualification

☐ Other

EXAMINER'S INITIALS: _____

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EXAMINER'S INITIALS:

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: DORAL STORAGE FEEDER LLC

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jonathan K. Winer, Esq.

Name of Person

JONATHAN K. WINER, P.A.

Firm/Company

16400 Collins Avenue, #2646

Address

N. Miami Beach, FL 33160

City/State and Zip Code

jonathankwiner@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jonathan K. Winer, Esq.	954	687-9448
_____ Name of Person	at (_____)_____ Area Code	_____ Daytime Telephone Number

Enclosed is a check for the following amount:

<input type="checkbox"/> \$125.00 Filing Fee	<input checked="" type="checkbox"/> \$130.00 Filing Fee & Certificate of Status	<input type="checkbox"/> \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	<input type="checkbox"/> \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
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Mailing Address
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

DORAL STORAGE FEEDER 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:

19801 E. Country Club Drive, #100
Aventura, FL 33180

19801 E. Country Club Drive, #100
Aventura, FL 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:

Jonathan K. Winer, Esq.

Name

16400 Collins Avenue, #2646

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

N. Miami Beach,

FL

33160

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.



Registered Agent's Signature (REQUIRED)

(CONTINUED)

2625 ... 10:30

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

MGR

Ofer Tamir

19801 E. Country Club Drive, #100

Aventura, FL 33180

MGR

Amir Havun

19801 E. Country Club Drive, #100

Aventura, FL 33180

(Use attachment if necessary)

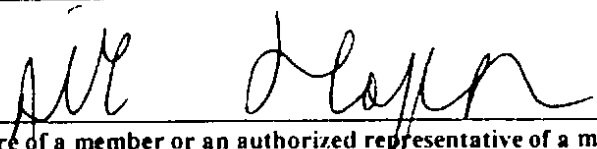
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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.

Amir Havun

Typed or printed name of signee

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)

2023