11-Dec-2023 10:00

Division of Corporations

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Electronic Filing Cover Sheet

(((H23000421277 3)))



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To:

Division of Corporations

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From:

Account Name : HUBCO

Account Number : 104662003400 Phone : (516)813-1184 Fax Number : (516)935-3088

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

Email Address: amir@acctaxllc.com

FLORIDA LIMITED LIABILITY CO.

Raymon & Luna Beach LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

023 DEC 11 AM 5: 20

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

Raymon & Luna Beach LLC

(Must end with 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:

5601 Collins Ave APT M7 Miami Beach, FL 33140 5601 Collins Ave APT M7 Miami Beach, FL 33140

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:

OUALID HAMMAMI

Name

5601 Collins Ave APT M7

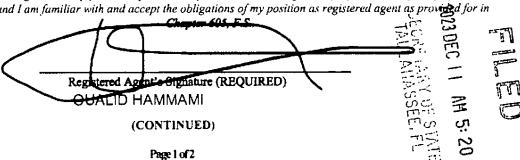
Florida street address (P.O. Box NOT acceptable)

Miami Beach

FL 33140

City 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



H23000421277

<u> Fitle:</u>	Name and Address:
'AMBR" = Authorized Member	
'MGR" = Manager AMBR	OUALID HAMMAMI
	505 W 37TH STREET APT 31B
	NEW YORK, NY 10018
AMBR	ANIS OUESLATI
	156 EAST 2ND STREET APT 3
	NEW YORK NY 10009
	late of filing: (OPTIONAL)
	late of filing:
EV: Effective date, if other than the certive date is listed, the date must be f filing.) EVI: Other provisions, if any.	
EV: Effective date, if other than the certive date is listed, the date must be filling.) EVI: Other provisions, if any.	
V: Effective date, if other than the cative date is listed, the date must be filling.) VI: Other provisions, if any. REQUIRED SIGNATURE:	specific and cannot be more than five business days prior to or 90 da
V: Effective date, if other than the certive date is listed, the date must be filling.) VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a (In accordance with section constitutes an affirmation I am aware that any fals)	member or an authorized representative of a member on 605.0203 (1) (b), Florida Statutes, the execution of this document in under the penalties of perjury that the facts stated herein are true.
EV: Effective date, if other than the certive date is listed, the date must be f filing.) EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a (In accordance with section constitutes an affirmation I am aware that any fals)	member or an authorized representative of a member on 605.0203 (1) (b), Florida Statutes, the execution of this documents on under the penalties of perjury that the facts stated herein are true.

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