00001165 Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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.

(((H24000000354 3)))



Division of C	orporations	·
Fax Number	: (850)617-6381	
		CO 15
Account Name	: CAPITOL SERVICES, INC.	
Account Numbe	r : 120160000017	\mathbb{C}_{20}
Phone	: (855)498-5500	
Fax Number	: (800)432-3622	
	Fax Number Account Name Account Numbe Phone	Division of Corporations Fax Number : (850)617-6381 Account Name : CAPITOL SERVICES, INC. Account Number : I20160000017 Phone : (855)498-5500 Fax Number : (800)432-3622

FLORIDA LIMITED LIABILITY CO. **CALICO ON 164 STREET, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

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Help

H24000000354

COVER LETTER

	New Filing Section Division of Corporations			
SUB IEC	CALICO ON 164 STREET, LL	c		
SUBJEC		of Limited Liabi	lity Company	
The engle	sed Articles of Organization and fed	e(s) are submitted	for filing.	
Please ret	rum all correspondence concerning t	his matter to the	following:	:
	HOWARD B. NADEL		6-4 6-4	-
		Name o		
	HOWARD B. NADEL, P.A.		T + 7	
	·	Firm/Co	ompany	Ĭ
	301 W. HALLANDALE BEACH	BLVD		
		Addi	CSS	
	HALLANDALE BEACH, FLOR	UDA 33009		
	HNADEL@RNFLAW.COM	City/State ar	d Zip Code	
	E-mail address: (to be	used for future	annual report notification)	
For further	information concerning this matter,	please cail:		
	HOWARD NADEL	954 at (455-5100	
	Name of Person	Area Code	Daytime Telephone Number	
Englosed	is a check for the following amount:			
	Piling Fee \$130.00 Filing Fee Certificate of State	s & S155.0	of Filing Fee & \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	l)
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	

ARTICLES O	FORGANIZATION FOR FLOI	RIDA LIMITED		H24000000354
ARTICLE I - Name: The name of the Limited Liabili	ty Company is:		·	112 100000000
CALICO ON 164 S'	TREET, LLC	lite Commany	W 1 C * 0= *(1 C *)	·
ARTICLE II - Address: The mailing address and street a		•	•	
Priocip	al Office Address:		Mailing Address:	
17749 Collins Aven	16	1774	9 Collins Avenue	
Unit 2501		Unit	2501	
Sunny Isles, Florida	33160	Sunn	y Isles, Florida 33160	
ARTICLE III - Registered Ag (The Limited Liability Company another business entity with an	cannot serve as its own Regi		t's Signature: Ou must designate an individual	lor 57.
The name and the Florida street	address of the registered ager	nt Bre:		9
	HOWARD B. NADEL, P	.A.		
	Nai	me		
	301 W. HALLANDALE	BEACH BLVD) <u>. </u>	
	Florida street address (P.C). Box <u>NOT</u> ac	ceptable)	
	HALLANDALE BEACH	Florida	33009	
	Citý	State	Zip	

Having been named as registered agent and to accept service of process for the above stated limited liability compuny 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 statuted relating to the proper and complete performance of my duties, and I um familiar with and accept the obligations of my posterion as registered agent as provided for in Chapter 605, F.S..

(CONTINUED)

gent's Signature (REQUIRED)

H24000000354

Title:	Name and Address;
'AMBR" = Authorized Member 'MGR" = Manager	
MGR - Manager	LAURENT GROLL
	17749 Collins Avenue, Unit 2501
	Summy Isles, Florida 33160
	- mar. ,
	
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	<i>0</i> 7.
	<u></u>
	
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V: Effective date, if other than the tive date is listed, the date must filling.)	e date of filing: (OPTIONAL) be specific and cannot be more than five business days prior to or 90
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