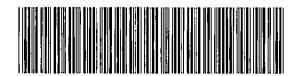
L24000016542

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

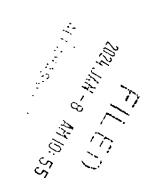
Office Use Only



200419583702

STATE S - NAC 1202

RECEIVED



CSC - Tallahassee
CSC 1201 Hays Street

Tallahassee, FL 32301-2607 850-558-1500, Ext: 61592

To: Department Of State, Division Of Corporations

From: Alexxis Weiland-Sorenson

Ext: 61592 Date: 01/08/24 Order #: 1384305-1

Re: Miami Jeff Family LLC Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Certificate of Formation/Incorporation

Amount to be deducted from our State Account: \$125.00 - FL State Account Number: I20000000195

AUTH:

Please take the following action: File in your office on basis

Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

TRANSMITTAL LETTER

The enclosed Articles of Organization and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Gregg Freedman (Name of Person) Milstein Brothers Capital Partners LLC ——————————————————————————————————	GUBJECT: MIAMI JEFF FAMILY LLO (Name of Lin	mited Liability Company)
Please return all correspondence concerning this matter to the following: Gregg Freedman (Name of Person) Milstein Brothers Capital Partners LLC — (Firm/Company) 6 East 43 rd Street, 9 th Floor (Address) New York, NY 10017 (City/State and Zip Code)	•	
Gregg Freedman (Name of Person) Milstein Brothers Capital Partners LLC ——————————————————————————————————	he enclosed Articles of Organization and fee(s) a	are submitted for filing.
Milstein Brothers Capital Partners LLC ——————————————————————————————————	Please return all correspon	ndence concerning this matter to the following:
Milstein Brothers Capital Partners LLC - (Firm/Company) 6 East 43 rd Street, 9 th Floor (Address) New York, NY 10017	Gregg Freedman	
- (Firm/Company) 6 East 43 rd Street, 9 th Floor (Address) New York, NY 10017 (City/State and Zip Code)		(Name of Person)
6 East 43 rd Street, 9 th Floor (Address) New York, NY 10017 (City/State and Zip Code)		
New York, NY 10017 (City/State and Zip Code)	- · 	- (Firm/Company)
New York, NY 10017 (City/State and Zip Code)	6 East 43 rd Street, 9	O th Floor
(City/State and Zip Code)		(Address)
	<u>-</u>	
or further information concerning this matter, please call:	(1	City/State and Zip Code)
	or further information concerning this matter, ple	ease call:
Greeg Freedman at (212) 850-4235 (Name of Person) (Area Code & Daytime Telephone Number)		

STREET ADDRESS:

TO:

Registration Section Division of Corporations

> Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
Miami Jeff Family LLC		
ARTICLE II - Address: The mailing address and street address of the princip	oal office of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
1401 W 27th Street	70 East 55th Street, 15th Floor	
Miami Beach, FL 33140	New York, NY 10022	
ARTICLE III - Registered Agent, Registered Off The name and the Florida street address of the regist Corporation Service Company Name 1201 Havs Street	ered agent are:	
Florida street address (P.O. Box	NOT acceptable)	
Tallahassee, FLORIDA 32301		
City, State, and Z	ip	

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 608, Florida Statutes.

Registered Agent's Signature

Page 1 of 2 (CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

<u>Fitle:</u> "MGR" = Manager	Name and Address:
'MGRM" = Managing N	Aember
Managing Member	Jeffrey Zalaznick
	1401 W 27th Street
	Miami Beach, FL 33140
	
Use attachment if neces	ssary)
000 4	•••••
	article must be added if an effective date is requested.
REQUIRED SIGNAT	UKE:
/s/ Sang Lee	
Signature of	a member or an authorized representative of a member.
of this docum	ce with section 608.408(3). Florida Statutes, the execution nent constitutes an affirmation under the penalties of perjury stated herein are true.)
San	g Lee, Chief Financial Officer
	Typed or printed name of signee

Filing Fees:
\$100.00 Filing Fee for Articles of Organization
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)