L24000038793

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

Office Use Only



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FILED
2024 JAN 23 PH 1:55



Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 01/23/2024	-		⇔ WALK	<i>[</i> N³
ENTITY NAME SUSHI	SONG LAKE WORTH	, LLC		
OOCUMENT NUMBER_				
	PLEASE FILE THE	ATTACHED AND RETURN		
	Plain Copy			
	Certified Copy			
XXXXXXXX	Certificate of Status			
	Certified Copy of Arts of Certificate of Good Stand			
	APOSTILLE' / NU	OTARIAL CERTIFICATION		
COUNTRY OF DESTINAT	TION		_	
NUMBER OF CERTIFICA	TES REQUESTED			
TOTAL OWED \$130		ACCOUNT #: 120160000072		
Please call Tina at t	ke above number kor a	ny issues or concerns. Thank you so	much!	

COVER LETTER

TO:	New Filing Section Division of Corporations		
SHBIE	SUSHI SONG LAKE WORTH, I	.I C	
3000	Name of	Limited Liability Company	
The enc	losed Articles of Organization and fee(s) are submitted for filing.	
Please re	eturn all correspondence concerning this	matter to the following:	
	DANIEL P. SOKOLOFF, CPA, PA		
		Name of Person	
	TAX ADVISORS OF SOUTH FLO	ORIDA	
		Firm/Company	
	715 E. HILLSBORO BLVD, 2ND	FLOOR	
		Address	
	DEERFIELD BEACH, FL 33441		
	DSOKOLOFF@TAXSOFLA.COM	City/State and Zip Code	
	E-mail address: (to be u	sed for future annual report notificat	2011)
For furthe	r information concerning this matter, ple	ease call:	
	DANIEL SOKOLOFFai	954 360 - 8477 ()	
	Name of Person	Area Code Daytime Telephor	ne Number
Enclosed	I is a check for the following amount:		
	00 Filing Fee S130,00 Filing Fee Certificate of Status	& U.\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section	Street Address New Filing Section D	
	Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314	The Centre of Tallah 2415 N. Monroe Stre Tallahassee, FL 3230	et, Suite 810

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

(Must co	ntain the words "Limited Lial	bility Com;	any, "L.L.C.," or "LLC.")			
ARTICLE II - Address: The mailing address and street	address of the principal offic	e of the Lir	nited Liability Company is:			
Princ	ipal Office Address:		Mailing Address:			
4041 NE 34TH AV	'ENUE		4041 NE 34TH AVENUE			
FORT LAUDERD	ALE, FL 33308		FORT LAUDERDALE, FL 33308			
ARTICLE III - Registered A (The Limited Fishility Compa	gent, Registered Office, & I	Registered	Agent's Signature: ent. You must designate an individual	OF.		
another business entity with a	n active Florida registration.)	ginered Ag	en. Tea mise designate un marricus	••		
The name and the Florida stree	et address of the registered an	ent are:		• • ••	2 NVF 4202	
	•			:	S	7
	DANIEL P. SOKOLOFI N	r, CPA, PA ame			~	
	THE PART OF THE PART OF THE	III OND			<u>ယ</u>	} ~
	715 E. HILLSBORO BL Florida street address (P				PH	
	r fortua succe aucitess (1	.(). DOX <u>21</u>	acceptance)		[-	
	DEERFIELD BEACH	F1.	33441		55	
	· · · · · · · · · · · · · · · · · · ·					
	City	State	Zip			
	City d agent and to accept service i	of process fo	r the above stated limited liability comp			
place designated in this certificat	City I agent and to accept service it te, I hereby accept the appoint	of process fo Iment as reg	r the above stated limited liability comp istered agent and agree to act in this ca	pacity.	I	
place designated in this certificate further agree to comply with the	City A agent and to accept service of te, I hereby accept the appoint provisions of all statutes relati	of process for ment as reg ing to the p	r the above stated limited liability comp	ipacity. duties, a	I	
place designated in this certificate further agree to comply with the	City A agent and to accept service of te, I hereby accept the appoint provisions of all statutes relati	of process for ment as reg ing to the p	r the above stated limited liability comp istered agent and agree to act in this ca oper and complete performance of my a	ipacity. duties, a	I	
place designated in this certificate further agree to comply with the	City If agent and to accept service of the service of the appoint of all statutes related the options of the appoint of the a	of process for ment as reg ing to the progregistry	r the above stated limited liability comp istered agent and agree to act in this ca oper and complete performance of my a	ipacity. duties, a	I	

(CONTINUED)

ARTICLE IV-

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

Title: "AMBR" = Authorized	Name and Address:
"MGR" - Manager	4 Steinber
AMBR	WIJALKETSUWAN 4041 NE 34TH AVENUE
	FORT LAUDERDALE, FL 33308
·	
	·
(Use attachment if nece	orașa)
tose anacimiem in nece	55di y 1
	other than the date of filing: <u>JANUARY 23, 2024</u> . (OPTIONAL)
ffective date is listed, the e of filing.)	date must be specific and cannot be more than five business days prior to or 90 days
If the date inserted in this	block does not meet the applicable statutory filing requirements, this date will not be hi
ument's effective date on	the Department of State's records.
LE VI: Other provisions,	if any.
REQUIRED SIGNAT	URE:
	1 1 2 3
·	Wijai h
Si This do	ignature of a member or an authorized representative of a member. secument is executed in accordance with section 605.0203 (1) (b). Florida Statutes.
Si This do I am aw	ignature of a member or an authorized representative of a member.
Si This do I am aw	ignature of a member or an authorized representative of a member. comment is executed in accordance with section 605.0203 (1) (b). Florida Statutes, ware that any false information submitted in a document to the Department of State

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)