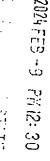
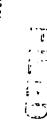
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02/09/24--01004--028 \*\*180.00





## COVER LETTER

	ew Filing Sec ivision of Cor					
end in or		ter 611, LLC.				
SUBJECT	:	Na	me of Lin	nited Liabili	ty Company	
The enclose	ed Articles of	Organization and	fee(s) are	submitted	for filing.	
Please retur	m all correspo	ndence concernii	ng this ma	tter to the f	ollowing:	
	Garry M. Bra	ındon				
				Name of	Person	
				Firm/Cor	npany	
	501 Caliguia	Avenue				
				Addro	:SS	
	Coral Gables	, Florida 33146				
r	miamigarry@:	aol.com	C	ity/State and	l Zip Code	
_			be used	for future a	nnual report notificati	on)
For further in	iformation cor	ncerning this matt	ier, please	call:		
,	Garry M. Bra	ndon	30 at (		951-2338	
	Name	e of Person		ea Code	Daytime Telephon	e Number
Enclosed is	a check for th	ne following amoi	unt:			
□\$125.00	Filing Fee	□\$130.00 Filir Certificate of S		Certific	i.00 Filing Fee & ed Copy I copy is enclosed)	■\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclose
		g Address ling Section			Street Address New Filing Section Di	vision

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Compa	ny is:	
90 Edgewater 611, LLC.		
(Must contain the wo	ırds "Limited Liabili	ty Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of	the principal affice o	Other Limited Lightlity Communicies
The matting address and street address or	the principal office of	The chined blacking company is:
Principal Office	Address:	Mailing Address:
501 Caligula Avenue		501 Caligula Avenue
Coral Gables, FL 33146		Coral Gables, FL 33146
ARTICLE III - Registered Agent, Regis (The Limited Liability Company cannot so another business entity with an active Flo	erve as its own Regis	gistered Agent's Signature: tered Agent. You must designate an individual or
The name and the Florida street address of	Tthe registered agent	are:
Garry	M. Brandon	
	Nam	e
<u>501 Ca</u>	ligula Avenue	
Florid	a street address (P.O.	Box NOT acceptable)

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. Thereby 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..

State

Coral Gables.

City

Registered Agent's Signature (REQUIRED)

(CONTINUED)

2024 [25 -9 | 87 | 12: 20

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGR	Garry M. Brandon 501 Caligula Avenue Coral Gables, FL 33146
MGR	Marlene C. Picallo-Brandon 501 Caligula Avenue Coral Gables, FL 33146
(Use attachment if necessary)	
in effective date is listed, the date must date of filing.)	the date of filing:
FICLE VI: Other provisions, if any.	
	<u>_</u> _

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.

Garry M. Brandon
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)

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liab	ility Company is:		
00.51	110		
90 Edgewater 611		Liability Con	ipany, "L.L.C" or "LLC.")
(man or	manifect words Emilied	Claimity Con	quarry, 12.6.6 or bee.
ARTICLE II - Address: The mailing address and stree	t address of the principal o	office of the L	imited Liability Company is:
Pring	cipal Office Address:		Mailing Address:
501 Caligula Aver	iue :		501 Caligula Avenue
Coral Gables, FL			Coral Gables, FL 33146
The name and the Florida stre	Garry M. Brandon	d agent are: Name	
	501 Caligula Avenue		
	Florida street addres	s (P.O. Box I	IOT acceptable)
	Coral Gables.	FL	33146
	City	State	Zip
place designated in this certifica further agree to comply with the	ate, I hereby accept the app eprovisions of all statutes re obligations of my position	ointment as re elating to the as registered	for the above stated limited liability company at the egistered agent and agree to act in this capacity. I proper and complete performance of my duties, and I agent as provided for in Chapter 603, F.S
		(CONTIN	UED)

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

itle:		
AMBR" = Authorized Menider		
MGR" = Manager	Garry M. Brandon	•
MGR	Garry M. Brandon 501 Caligula Avenue Coral Gables. FL 33146	-
	<del></del> -	
	Marlene C. Picallo-Brandon	_ _
MGR	Marlene C. Picano-Brandon 501 Caliguta Avenue Coral Gables. FL 33146	
,	Coral Gables, FC 33140	
		_
		<del>-</del>
		_
: n =		
(Lise attachment if necessary)	(OPTIONAL)	
te of filing.)	c date of filing:	90 days at
CLE V: Effective date, if other than the effective date is listed, the date must te of filing.)  If the date inserted in this block does becoment's effective date on the Depar	and executive applicable statutory filing requirements, this date with	90 days at
CLE V: Effective date, if other than the effective date is listed, the date must to of filing.)	and executive applicable statutory filing requirements, this date with	90 days at
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