

L24000141234

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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((H24000114602 3))



H240001146023ABCU

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To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : FILE RIGHT LLC
Account Number : 120170000091
Phone : (718)878-5811
Fax Number : (718)732-4580

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

Email Address: bmurik@franklinfundinggrp.com

FLORIDA LIMITED LIABILITY CO.
MZBA APEN HOLDINGS LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

RECEIVED

2024 MAR 27 PM 3:00

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2024 MAR 27 PM 2:07

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fax reference H24000114602.3

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: MZBA APEX HOLDINGS LLC

Name of Limited Liability Company

The enclosed Articles of Organization and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

RACHEL

Name of Person

FILE RIGHT LLC

Limit Company

1425 37TH STREET, SUITE 201

Address

BROOKLYN, NY 11218

City/State and Zip Code

SALES@FILEACORP.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RACHEL

718

8788811

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$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
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Exidance H240001146023

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

MZBA APEX HOLDINGS LLC

(Must contain the words "Limited Liability Company," "LLC," or "L.L.C.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

1040 N SOUTHLAKE DR
HOLLYWOOD, FL 33019

Mailing Address:

1040 N SOUTHLAKE DR
HOLLYWOOD, FL 33019

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:

BENYOMIN MURIK

Not

1040 N SOUTHLAKE DR

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

<u>HOLLYWOOD</u>	<u>FL</u>	<u>33019</u>
City	State	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 ~~his~~ 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.

/s/ Benyomin Murik

Registered Agent's Signature ~~(REQUIRED)~~

(CONTINUED)

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ARTICLE IV-

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

Title:

Name and Address:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

BENYOMIN MURIK
1040 N. SOUTHLAKE DR
HOLLYWOOD, FL 33019

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any:

REQUIRED SIGNATURE:

/s/ Benyomin Murik

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.

BENYOMIN MURIK

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)