

5/2/24, 5:00 PM

Division of Corporations

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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(((H240001615053)))



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : ALLSTATE CORPORATE SERVICES CORP

Account Number : I20040000031

Phone : (800)906-9220

Fax Number : (800)906-9880

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

Email Address: _____

**FLORIDA LIMITED LIABILITY CO.
ASCEND DESIGN & CONSTRUCTION LLC**

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

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Corporate Filing Menu

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2024 MAY -3 AM 9:30

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2024 MAY -3 PM 5:04

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ASCEND DESIGN & CONSTRUCTION LLC

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

ARTICLE II - Address:

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

Principal Office Address:Mailing Address:

822 WEATHERLY CT
LONGWOOD, FL 32750

822 WEATHERLY CT
LONGWOOD, FL 32750

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

REGISTERED AGENT SOLUTIONS, INC

Name

2894 Remington Green Ln. Ste. A

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

<u>Tallahassee</u>	<u>FL</u>	<u>32308</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 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..

/S/ AVI WEISS, ASSISTANT SECRETARY

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

LAVONDRIA COBB

5880 GARDEN CIR

DOUGLASVILLE, GA 30135

MGRM

ESTHER MINSKY SALMAN

81 BROVER AVENUE

WOODMERE, NY 11598

MGRM

BARRY MINSKY

3655 CARREL BLVD

OCEANSIDE, NY 11572

(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/ AVI WEISS

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

AVI WEISS

Typed or printed name of signee