

(((H24000166563 3)))



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : FILE RIGHT LLC Account Number : I20170000091 : (718)878-5811 Phone 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:\_

## FLORIDA LIMITED LIABILITY CO. MZBA REAL ESTATE HOLDINGS LLC

Certificate of Status	0
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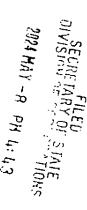
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## **COVER LETTER**

	ew Filing Section (vision of Corporations
SUBJECT	MZBA REAL ESTATE HOLDINGS ELC
SOBJECT	Name of Limited Liability Company
The enclose	ed Articles of Organization and fec(s) are submitted for filing.
Please retu	n all correspondence concerning this matter to the following:
	Name of Person
	FILE RIGHT LLC
	Firm/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 in	iformation concerning this matter, please call:
	Sara 718 878-5811
•	Name of Person Area Code Daytime Telephone Number
Enclosed is	a check for the following amount:
\$125,00 Fi	Status Sing Fee & Status Sing Fee & Status Sing Fee & Sing Fee & Sing Fee & Certificate of Status & Certificate Copy (additional copy is enclosed) Sing Fee, Certified Copy (additional copy is enclosed)
	MailingAddress StreetAddress

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

New Filing Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, F1, 32301



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	ARTICLESOFORC	GANIZATIONFORE	LORIDA LIMITED LI	ABILITYCOMPANY
	RTICLE I - Name: he name of the Limited Liability Co	mpany is:		
	MZBA REAL ESTATE I	IOLDINGS LLC		
	(Must contain th	e words "Limited L	iability Company, "L	L.C" or "LLC.")
	RTICLE II - Address: ne mailing address and street addres	s of the principal of	fice of the Limited Li	ability Company is:
	Principal Of	Tice Address:		Mailing Address:
	1040 N SOUTHLAKE DI	RIVE	1040 N	SOUTHLAKE DRIVE
	HOLLYWOOD, FL 3301		HOLL	YWOOD, FL 33019
an	he Limited Liability Company cannother business entity with an active e name and the Florida street addre	Florida registration	i.)	
	<u>BI</u>	<u>ENYOMIN MURIK</u>	Name	
			Nume	
		40 N SOUTHLAKI		
	11	orida street address	(P.O. Box <b>NOT</b> acce	rptable)
	<u>H(</u>	OLLYWOOD	FL	33019
		City	State	Zip
plac furti	ring been named as registered agent re designated in this certificate. Ther her agree to comply with the provisit	eby accept the appo ons of all statutes rel	intment as registered ating to the proper at	agent and agree to act in this capa adcomplete performance of my dut
am j	familiar with and accept the obligati	ions of my positiona.	s registered agent as p	provided for in Chapter 605, F.S

From: Mark Fuchs

/ s / Benyomin Murik
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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To:

"AMBR" = Aut "MGR" = Mana	horized Member	Name and Address:
AMBR	<del></del>	BENYOMIN MURIK
		1040 N SOUTHLAKE DRIVE HOLLYWOOD, FL 33019
		110001 110001
		<del></del>
		<del></del>
		<del></del>
EV: Effective of	late, if other than the date of fi	ling:
ective date is us of filing.) "the date inserte	late, if other than the date of fi ted, the date must be specifi	ling:
EV: Effective of cettive date is list of filing.) The date inserted ment's effective EVI: Other pro	late, if other than the date of fited, the date must be specified in this block does not meet date on the Department of Sivisions, if any.	the applicable statutory filing requirements, this date will not be
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EV: Effective of certive date is list of filling.) The date inserted ment's effective EVI: Other pro	late, if other than the date of fited, the date must be specified in this block does not meet date on the Department of Sivisions, if any.  IGNATURE:  Signature of a member This document is executed in I am aware that any false infeconstitutes a third degree felicities.	s/ Benyomin Murik er or an authorized representative of a member. n accordance with section 605.0203 (1) (b), Florida Statues, ormation submitted in a document to the Department of State by a provided for in 5.817.155, F.S.