

L240000210017

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

(Business Entry Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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S. CHATHAM
MAY 10 2024

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2024 MAY -9 PM 2:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

2024 MAY -9 PM 1:01

SECRETARY OF STATE
TALLAHASSEE, FL

Incorporating Services, Ltd.

1540 Glenway Drive
Tallahassee, FL 32301
850.656.7956
Fax: 850.656.7953
www.incserv.com
e-mail: accounting@incserv.com

incserv

ORDER FORM

TO Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Moreau
mmoreau@incserv.com
850.656.7953

REQUEST DATE 5/9/2024

PRIORITY Regular Approval

OUR REF # (Order ID#) 1252821

ORDER ENTITY
10321 E BROADVIEW LLC

PLEASE PERFORM THE FOLLOWING SERVICES:

10321 E BROADVIEW LLC (FL)

New LLC filing

NOTES:

\$125.00 Authorized

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,



Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: 10521 E. Broadview LLC
Name of Limited Liability Company

The enclosed Article(s) of Organization and Rec(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

_____ Mendy Piekarski
Name of Person

Pickarski Law PLLC
Firm Company

One Whitehall St., Ste. 200
Address

City, State and Zip Code

_____ mendy@pickarski-law.com
(E-mail address; (to be used for future annual report notification))

For further information concerning this matter, please call:

_____ 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)
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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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

10321 E Broadview 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:

1801 NE 123rd Street, Suite 421,
North Miami, Florida 33181

Mailing Address:

1801 NE 123rd Street, Suite 421,
North Miami, Florida 33181

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:

SPI Agent Solutions, Inc.
Name
1540 GLENWAY DR
Florida street address (P.O. Box **NOT** acceptable)
Tallahassee, FL 32301
City State Zip

FILED
2024 MAY -9 4M 1:01
SECRETARY OF STATE
TALLAHASSEE, FL

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.

Julianne Bass

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

 MGR

Name and Address:

Albert Gahfi

1801 NE 123rd Street, Suite 421
North Miami, Florida 33181

(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 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:



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.

Albert Gahfi

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)

FILED
2024 MAY -9 AM 1:01
SECRETARY OF STATE
TALLAHASSEE, FL