05/09/2024 13:32

From:17189252027 To:18506176381 Date

Time 05/09/24 01:32PM Pages: 3 P: 1/3

5/9/24, 1:26 PM

Division of Corporations

Florida Department of State

Division of Corporations

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: (718)925-2025

Fax Number

: (718)925-2027

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

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FLORIDA LIMITED LIABILITY CO.

933 S Northlake Dr LLC

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Page Count	03
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5/09/2024	13:32	From: 17190252027 Mar. 10	F06176201 B-b-	mi 05 (00 (04		
		From: 17189252027 To: 18	5061/6381 Date	Time 05/09/24	01:32PM Pages:	
((H24	000169	018 3)))				
	ARIIC	LES OF ORGANIZATION FOR	FLORIDA LIMITED I.	IABILITY COMPANY	•	
ARTICLE The name o		Liability Company is:				
_	933 S Northla					
	(Mi	ast conatin the words "Limited	Liability Company, "I	L.C.," or "LLC.")		
	II - Address address and	street address of the principal o	ffice of the Limited L	iability Company is:		
	<u>1</u>	rincipal Office Address:		Mailing Ad	dress:	
	945 S North I		945 S	North Lake Dr		
	Hollywood, F	L 33019		Hollywood, FL 33019		
another bus	iness entity v	ompany cannot serve as its own with an active Florida registration street address of the registered	n.)	o most sesignate an	individual Of	
		Moshe Lehrer				
			Name			
		945 S North Lake Dr				
		Florida street address	s (P.O. Box <u>XOT</u> acc	eptable)		
		Hollywood	FL	33019		
		City	State	Zip		
place designa further agree	ted in this cer to comply wit	stered agent and to accept servi tificate, I hereby accept the appo h the provisions of all statutes re t the obligations of my position t	ointment as registered clating to the proper a	agent and agree to ac nd complete performa	ct in this capacity. I nce of my duties, and I	
			s/Moslie Lehrer			

(CONTINUED)

Registered Agent's Signature (REQUIRED)

SECRETARY OF STATE DIVISIONS -9 PM 3: 52

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

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
AMBR	Moshe Lehrer 945 S North Lake Dr Hollywood, FL 33019
(Use attachment if necessary)	
(If an effective date is listed, the date must be the date of filing.)	date of filing:
ARTICLE VI: Other provisions, if any.	
REOUIRED SIGNATURE:	
	oshe Lehrer
This document is ex	a member or an authorized representative of a member. Elecuted in accordance with section 605.0203 (1) (b), Florida Statutes, false information submitted in a document to the Department of State egree felony as provided for in s.817.155, F.S.
Moshe Lehre	r
	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)