\* Page: 2 of 4

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Account Name : FELDMAN & ASSOCIATES

Account Number : 120130000018 Phone : (305)931-0433 Fax Number : (856)356-1462

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

Email Address: paul@feldmanclosings.com

# FLORIDA LIMITED LIABILITY CO. 254E DANIA BEACH, LLC

Certificate of Status	()
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### ARTICLES OF ORGANIZATION FOR FLORIDA ELMITED LIABILITY COMPANY

### ARTICLE 1 - Name:

To:

The name of the Limited Liability Company is:

### 254E DANIA BEACH, 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:	
1912 S. Ocean Dr., Unit 19D	1912 S. Ocean Dr., Unit 19D	
Hallandale Beach, FL 33009	Hallandale Beach, FL 33009	

## 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:

Paul Feldman, Esq.		
	מוגאו	
2750 NE 185th Stre	eet. Suite 203	
Florida street addre	ess (P.O. Box <u>NOT</u> ac	cceptable)
Aventura	FL	33180
CJV.	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 Fis 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, 15%

(CONTINUED)

To:

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

<u>Title:</u>	R" = Authorized Member	Name and Address:
	" = Manager	
<u>MGF</u>	<u>.                                    </u>	Gal Fisher
		1912 S Ocean Dr., Unit 19D Hallandale Beach, FL 33009
<u>MGR</u>		Shay Basal 1912 S Ocean Dr., Unit 19D
		Hallandale Beach, Fl. 33009
<del></del>	····	
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(Use at	tachment if necessary)	
If an effective delegate the date of filing Note: If the date the document's the	ate is listed, the date must be spe .) e inserted in this block does not m effective date on the Department of Other provisions, if any.	of filing
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	This document is executed am aware that any false	ed in accordance with section 605.0203 (1) (b), Florida Statutes, information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.
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