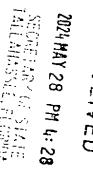


(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:







-3



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088 If there are any issues please contact Patrice at 850-202-9071

Date:	05/28/2024	
Name:	Patrice Rush	
Reference #	2381175	
		0 OGB REALTY LLC
_		orization to Transact Business
Ame	ndment	
☐ Chan	nge of Agent	
Reins	statement	
☐ Conv	ersion	
☐ Merg	ег	
Disso	olution/Withdrawal	
☐ Fictiti	ious Name	
☐ Othe	r	
Authorized A	Amount: \$125	.00
Signature:	(Prestall	

F: 800.944.6607

F: +852.2682.9790



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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088 If there are any issues please contact Patrice at 850-202-9071

Date:	05/28/2024	
Name:	Patrice Rush	
Reference #:	2381175	_
		B REALTY LLC
✓ Articles	s of Incorporation/Authorization	to Transact Business
Ameno	iment	
Chang	e of Agent	
Reinst	atement	
☐ Conve	rsion	
Merger	г	
☐ Dissolu	ution/Withdrawal	
Fictitio	us Name	
Other_		
Authorized Ar	mount:\$125.00	
Signature:	Prest	

COVER LETTER

TO: New Filing Division of	Section Corporations		
SUBJECT:	190 OGB REAL	TY LLC	
	Name of I	imited Liability Company	W12.
The enclosed Article	s of Organization and fee(s)	are submitted for filing.	
Please return all corre	espondence concerning this i	nutter to the following:	
	ROBE	RT G. FRIEDMAN, ESQ.	
		Name of Person	
	<u> </u>	Firm/Company	
	510	EAST 80TH STREET	
		Address	
	NEV	V YORK, NY 10075	
		City/State and Zip Code	
		1020@GMAIL.COM	
	E-mail address: (to be use	d for future annual report notifical	tion)
For further information	concerning this matter, pleas	se call:	
		212) 744-9675 Area Code Daytime Telephor	ne Number
Enclosed is a check for	r 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)

Mailing Address

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

Street Address

New Filing Section
Division of Corporations
Cliffon Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	190 OGB	REALTY LLC	
(Must conta	in the words "Limited Li	ability Company, "L.L	C.," or "LLC.")
ARTICLE II - Address: The mailing address and street ad	dress of the principal offi	ce of the Limited Liab	ility Company is:
<u>Principa</u>	Office Address:		Mailing Address:
3540 N. 34TH AV	ENUE	354	0 N. 34TH AVENUE
HOLLYWOOD, F	LORIDA 33021	HC	LLYWOOD, FLORIDA 33021
		Name	
	2421 HOL	LVINGOD O AVE DA	UT.
	3421 HOL	LYWOOD OAKS DRI P.O. Box <u>NOT</u> accepta	
FT.			
FT.	Florida street address (I	P.O. Box <u>NOT</u> accepta	ble)

(CONTINUED)

the date inserted in this block does not meet the applicable statutory filing requirements, this date will no nent's effective date on the Department of State's records.	Title: "AMBR" = Authorized Member	Name and Address:
We attachment if necessary) EV: Effective date, if other than the date of filing: ———————————————————————————————————		Cactus Flower Management Sunday Companies
Los Angeles, CA 90035 [Use attachment if necessary] E.V: Effective date, if other than the date of filing:	MOR	
(Use attachment if necessary) E.V: Effective date, if other than the date of filing:		
(Use attachment if necessary) E.V: Effective date, if other than the date of filing:		
(Use attachment if necessary) E.V: Effective date, if other than the date of filing:		
(Use attachment if necessary) E.V: Effective date, if other than the date of filing:		
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(Use attachment if necessary) E.V: Effective date, if other than the date of filing:		
(Use attachment if necessary) E.V: Effective date, if other than the date of filing:		
(Use attachment if necessary) E.V: Effective date, if other than the date of filing:		
EV: Effective date, if other than the date of filing:		
EVI: Other provisions if any		
	EV: Effective date, if other than the date of ective date is listed, the date must be spend filing.) The date inserted in this block does not mement's effective date on the Department of EVI: Other provisions, if any.	eific and cannot be more than five business days prior to or 90 eet the applicable statutory filing requirements, this date will not of State's records.
	EV: Effective date, if other than the date of ective date is listed, the date must be spenf filing.) the date inserted in this block does not mannt's effective date on the Department of EVI: Other provisions, if any.	ecific and cannot be more than five business days prior to or 90 neet the applicable statutory filing requirements, this date will not of State's records.
	EV: Effective date, if other than the date of ective date is listed, the date must be spend filing.) The date inserted in this block does not mement's effective date on the Department of EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a memory discounter is executed any ware that any false in ective date on the Department of the Department of EVI: Other provisions, if any.	neet the applicable statutory filing requirements, this date will not state's records. The property of a member o

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)

70%