## 124000266247

(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:

Office Use Only



700430722337



24 JUN 13 AM 10: 55

RECEIVED

## Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312 (850) 656-4724

DOCUMENT NUMBER			<del></del>
	**PLEASE FILE THE ATTACHED AND	RETURN**	
	Plair Copy		
XXXXXXXX	Certified Copy		
	Certificate of Status		
	**PLEASE OBTAIN THE FOLLOWING FOR THE	FABOVE ENTITY**	
	Certified Copy of Arts & Amendments		2021
	Certified Copy of Arts & Amendments Complete	. File (Including Annual Reports)	- T
		The financial of the second	
	Certificate of Status		/ +
	Certificate of Status Certificate of Status Reflective:		# # # # # # # # # # # # # # # # # # #
	Certificate of Status Reflecting:		
	Certificate of Status Reflecting:	71:0	
	• •	71:0	
ADJUNTOU DE DESTUNA	Certificate of Status Reflecting:	71:0	
COUNTRY OF DESTINA	Certificate of Status Reflecting:  **APOSTILLE' / NOTARIAL CERTIF	71:0	
COUNTRY OF DESTINA NUMBER OF CERTIFICA	Certificate of Status Reflecting:  **APOSTILLE' / NOTARIAL CERTIF	71:0	
	Certificate of Status Reflecting:  **APOSTILLE' / NOTARIAL CERTIF  TION ATES REQUESTED	# 120140000108 / H. 1	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability	Company is:			
3F South Ocean Drive				
(Must conta	in the words "Limited L	iability Company,	"L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street add	dress of the principal of	fice of the Limited	Liability Company is:	
<u>Principa</u>	Office Address:		Mailing Address:	
1965 South Ocean Dr Hallandale, Florida 33			5 South Ocean Drive, #3F andale, Florida 33009	
ARTICLE III - Registered Ager (The Limited Liability Company of another business entity with an ac-	cannot serve as its own I tive Florida registration	Registered Agent.		ualor
	United Corporate Serv			
		Name		
	3458 Lakeshore Drive	:		
	Florida street address	(P.O. Box <u>NOT</u> a	cceptable)	
	Tallahassee	Florida	32312	
	City	State	Zip	
Having been named as registered ay place designated in this certificate, I further agree to comply with the pro am familiar with and accept the obli	hercby accept the appo visions of all statutes rel gations of my position a	intment as register ating to the proper s registered agent	ed agent and agree to act in this cand complete performance of the asprovided for in Chapter 605,	s capacity. I 💝 my duties, and I 📜 🕟 😁
	Registe	red Agent's Signat	ure (REQUIRED)	) —
		(CONTINUED)		:47

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGR	Simon Zysman 1965 South Ocean Drive. #3F Hallandale, Florida 33009
<del></del>	
(Lice attachment if necessary)	
LE V: Effective date, if other than the	date of filing: (OPTIONAL)
e of filing.) If the date inserted in this block does n	date of filing:
e 01 flung.)	not meet the applicable statutory filing requirements, this date will not be
If the date inserted in this block does nument's effective date on the Departm  LE VI: Other provisions, if any.  REQUIRED SIGNATURE:	not meet the applicable statutory filing requirements, this date will not be sent of State's records.
If the date inserted in this block does a timent's effective date on the Departm  LE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a This document is ex 1 am aware that any	not meet the applicable statutory filing requirements, this date will not be
If the date inserted in this block does nument's effective date on the Departm LE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a This document is ex I am aware that any	nent of State's records.  In member or unauthorized representative of a member.  ecuted in accordance with section 605.0203 (1) (b), Florida Statutes.  false information submitted in a document to the Department of State igree felony as provided for in s.817.155, F.S.