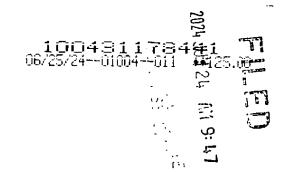
L24000 283837

(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



100431178441



2024 JUN 24 AM 4: 46

RECEIVED

COVER LETTER

	New Filing Section Division of Corporations		
	3LS AT 3009, LLC		
SUBJEC		Limited Liability Company	
The encle	osed Articles of Organization and fee(s	s) are submitted for filing.	
Please re	turn all correspondence concerning thi	s matter to the following:	
	JAVIER DE VARONA		
		Name of Person	· · · · · · · · · · · · · · · · · · ·
	DE VARONA CPA PA		26
		Firm/Company	
	2525 PONCE DE LEON BLVD S	TE 300	JUH 21;
		Address	
	CORAL GABLES, FL 33134		ئند م
		City/State and Zip Code	<u> </u>
	JDEVARONA@DEVARONACPA		
	E-mail address: (to be	used for future annual report notifical	tion)
For further	r information concerning this matter, p	lease call:	
	JAVIER DE VARONA	305 448-9899	
	Name of Person	Area Code Daytime Telephor	ne Number
Enclosed	l is a check for the following amount:		
■ \$125.	00 Filing Fee		□\$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address	Street Address	S
	New Filing Section Division of Corporations	New Filing Section F The Centre of Tallah	
	P.O. Box 6327	2415 N. Monroe Str	
	Tallahassee, FL 32314	Tallahassee, FL 3236	03

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:		
3LS AT 3009, LLC		
(Must contain the words "Limited Liability	y Company, "L.L.C.," or "LLC.)	
ARTICLE II - Address: The mailing address and street address of the principal office of	Tthe Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
3099 NE 163RD ST NORTH MIAMI BEACH, FL 33160	3099 NE 163RD ST NORTH MIAMI BEACH, FL 33	160
The Limited Liability Company cannot serve as its own Regist		
The Limited Liability Company cannot serve as its own Regist mother business entity with an active Florida registration.)	ered Agent. You must designate an individ	
The Limited Liability Company cannot serve as its own Regist mother business entity with an active Florida registration.)	ered Agent. You must designate an individ	
The Limited Liability Company cannot serve as its own Regist mother business entity with an active Florida registration.) The name and the Florida street address of the registered agent	ered Agent. You must designate an individual are:	2024 JUH 21:
(The Limited Liability Company cannot serve as its own Regist another business entity with an active Florida registration.) The name and the Florida street address of the registered agent MITCHELL MORGENSTI Name 16710 NE 9TH AVE #403	ered Agent. You must designate an individual are: EIN e	2024 JUH 21: 16.1
(The Limited Liability Company cannot serve as its own Regist another business entity with an active Florida registration.) The name and the Florida street address of the registered agent MITCHELL MORGENSTI Name	ered Agent. You must designate an individual are: EIN e	2024 JUH 21: 16.1
Name 16710 NE 9TH AVE #403	are: EIN Box NOT acceptable)	

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..

Mitchell Morgenstein
Registered Agent's Signature (REQUIRED)

(CONTINUED)

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:		
"MGR" = Manager			
AMBR	MITCHELL MORGENSTEIN		
	16710 NE 9TH AVE #403		
	NORTH MIAMI BEACH, FL 33162		
	20		
	te of filing: JUNE 24TH 2024 (OPTIONAL)		
(Use attachment if necessary)	1 ,		
, , , , , , , , , , , , , , , , , , , ,	`· ``		
effective date is listed, the date must be sp te of filing.)	ecific and cannot be more than five business days prior to or 90 days		
• • •	meet the applicable statutory filing requirements, this date will not be li		
cument's effective date on the Department			
CLE VI: Other provisions, if any.			

Typed or printed name of signee

constitutes a third degree felony as provided for in s.817.155, F.S.

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

Mitchell Morgenstein