

L24000316472

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

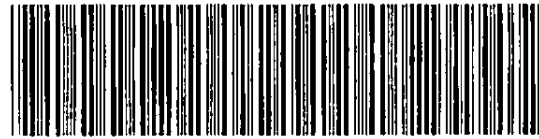
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600433209636

FILED

2024 JUL 18 AM 9:47

TALLAHASSEE, FL

66

RECEIVED

6

2024 JUL 18 PM 2:57

TALLAHASSEE, FLORIDA

MS

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

PLEASE USE FUNDS FROM THIS ACCOUNT: I20210000160: \$125.00

AUTHORIZATION SIGNATURE: _____

PAYD CONSULTING, LLC

BUSINESS (Name)

Document #

___ Walk in

___ Pick up time _____

___ Mail out

___ Will wait

___ Photocopy

___ Certified copies of

___ Certificate of Status

NEW FILINGS

___ Profit

___ Not for Profit

___ ☒ Limited Liability

___ Domestication

___ **CORP**

___ LLP

___ **INC**

OTHER FILINGS

___ Annual Report

___ Fictitious Name

___ APOSTIL () _____
Country

AMMENDMENTS

___ Amendment

___ Resignation of R.A. Officer/Director

___ Change of Registered Agent

___ Dissolution/Withdrawal

___ Merger

___ Conversion

REGISTRATION/QUALIFICATIONS

___ Foreign Filing

___ Limited Partnership

___ Revocation of Dissolution

___ Trademark

___ Other

EXAMINER'S INITIALS: _____

FILED
2024 JUL 18 AM 9:47
TALLAHASSEE FL
STATE

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

PLEASE USE FUNDS FROM THIS ACCOUNT: 120210000160: \$125.00

AUTHORIZATION SIGNATURE: _____

PAYD CONSULTING, LLC

BUSINESS (Name)

Document #

___ Walk in

___ Pick up time _____

___ Mail out

___ Will wait

___ Photocopy

___ Certified copies of

___ Certificate of Status

NEW FILINGS

___ Profit

___ Not for Profit

___ X Limited Liability

___ Domestication

___ **CORP**

___ LLP

___ **INC**

OTHER FILINGS

___ Annual Report

___ Fictitious Name

___ APOSTIL () _____

Country

AMMENDMENTS

___ Amendment

___ Resignation of R.A. Officer/Director

___ Change of Registered Agent

___ Dissolution/Withdrawal

___ Merger

___ Conversion

REGISTRATION/QUALIFICATIONS

___ Foreign Filing

___ Limited Partnership

___ Revocation of Dissolution

___ Trademark

___ Other

EXAMINER'S INITIALS: _____

FILED
2024 JUL 18 AM 9:47
TALLAHASSEE, FL

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: PAYD CONSULTING, LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sandra Z. Green, Esq.

Name of Person

JONATHAN H. GREEN & ASSOCIATES, P.A.

Firm/Company

901 Ponce De Leon Boulevard, Suite 601

Address

Coral Gables, Florida 33134

City/State and Zip Code

szg@jhglaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sandra Z. Green

305

372-5100

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for 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
Tallahassee, FL 32314

Street Address

New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

FILED
2024 JUL 18 AM 9:47
CLERK OF COURT
JULIA MASSELL
STATE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

PAYD CONSULTING, 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:

1380 NE Miami Gardens Drive, Suite 125
North Miami Beach, Florida 33179

Mailing Address:

1380 NE Miami Gardens Drive, Suite 125
North Miami Beach, Florida 33179

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:

JONATHAN H. GREEN & ASSOCIATES, P.A.

Name

901 Ponce De Leon Boulevard, Suite 601

Florida street address (P.O. Box **NOT** acceptable)

Coral Gables Florida 33134

City

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 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..

[Signature]
Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
2024 JUL 18 AM 9:47
CLERK OF DISTRICT COURT
HALLAMASSEE, FL

ARTICLE IV-

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:

MGR

FRAYND, PAUL

1380 NE Miami Gardens Drive, Suite 125

North Miami Beach, Florida 33179

MGR

FRAYND, ALAN, TRUSTEE

1380 NE Miami Gardens Drive, Suite 125

North Miami Beach, Florida 33179

MGR

FRAYND, Yael

1380 NE Miami Gardens Drive, Suite 125

North Miami Beach, Florida 33179

MGR

MARIN, DIANA

1380 NE Miami Gardens Drive, Suite 125

North Miami Beach, Florida 33179

(Use attachment if necessary)

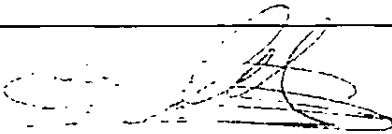
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



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

SANDRA Z. GREEN, ESO.

Typed or printed name of signer

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)

FILED
2024 JUL 18 AM 9:47
CLERK OF THE
STATE