L24000 352974

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





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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

 						
1649 PARTNERS	S II, LLC					
Please Debit FCA	000000003 For: 160					
Thank you Seth N	eeley					
Stoff			Art of Inc. File			
			Foreign Corp. File		207	
			L.C. File		2024 AUG	· [[]
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			Trade/Service Mark		<u>ن</u>	;
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			RA Resignation	f	7	
			Dissolution / Withdrawal			
			Annual Report / Reinstatement			
			Cert. Copy			
			Photo Copy			
			Certificate of Good Standing			
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			Certificate of Fictitious Name			
			Corp Record Search			
1 /	/		Officer Search			
A	7/		Fictitious Search	_		
Signature	<u></u>		Fictitious Owner Search			
			Vehicle Search			
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Requested by:			UCC 1 or 3 File			
Name	Date Time	_	UCC 11 Search			
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Walk-In	Will Pick Up	-	Courier			

COVERLETTER

	New Filing Sec Division of Co							
SUBJEC		TNERS II, LLC						
50,001,0		Nam	ne of Lim	ited Liabil	ity Company	- <u></u>	_	
The enclo	sed Articles of	Organization and	fec(s) are	submitted	l for filing.			
Please ret	urn all correspo	ondence concerning	g this ma	tter to the	following:			
	Charles II. F	Catner						
				Name of	Person			
	CHARLES	RATNER, P.A.						د~،
				Firm/Co	empany		•	- <u>1</u> 21-
	605 LINCO	LN ROAD, SUITE	E 210				1 -	2024 AUS
	·			Addı	ess	<u>. </u>		
	MIAMI BEA	ACH, FL 33139					() () ()	7: 9
			Ci	ty/State ar	d Zip Code		1 : : : :	_ = -
	Corporations(@CRatnerLaw.com	n				(· ·	~
	ı	i-mail address: (to	be used	for future a	annual report notificat	ion)		
For further	information co	ncerning this matte	r, please	call:				
	Charles H. R	atner	30 at (520.520.9120			
	Nam	e of Person	Ar	ea Code	Daytime Telephon	e Number		
Enclosed	is a check for th	he following amou	nt:					
□\$125.0	0 Filing Fee	□\$130.00 Filing Certificate of St		Certifi	5.00 Filing Fee & ed Copy al copy is enclosed)			s &
		g Address			Street Address			
		iling Section on of Corporations			New Filing Section D The Centre of Tallah:			
	P.O. B	ox 6327			2415 N. Monroe Stre	et, Suite 810		
	Tallah	assee. FL 32314			Tallahassee, FL 3230	3		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

1649 PARTNERS II, LLC	
(Must contain the words	"Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of the p	principal office of the Limited Liability Company is:
Principal Office Add	ress: <u>Mailing Address</u> :
1800 SUNSET HARBOUR DRIV	E 1800 SUNSET HARBOUR DRIVE
MARINA SUITE #2	MARINA SUITE #2
MIAMI BEACH, FL 33139	MIAMI BEACH, FL 33139
	ed Office, & Registered Agent's Signature:
(The Limited Liability Company cannot serve a another business entity with an active Florida	as its own Registered Agent. You must designate an individual or registration.)
(The Limited Liability Company cannot serve a another business entity with an active Florida	as its own Registered Agent. You must designate an individual or registration.)
(The Limited Liability Company cannot serve a another business entity with an active Florida The name and the Florida street address of the	as its own Registered Agent. You must designate an individual or registration.)
(The Limited Liability Company cannot serve a another business entity with an active Florida The name and the Florida street address of the	as its own Registered Agent. You must designate an individual or registration.) registered agent are:

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.

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

FL

State

33139

Zip

enature (REQUIRED)

MIAMI BEACH

City

(CONTINUED)

ARTICLE IV-

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:		
"MGR" = Manager			
<u>MGR</u>	FREDRIC N. KARLTON 1800 SUNSET HARBOUR DE MIAMI BEACH, FL 33180	UVE, MARIÑA SUITE #2	_ _ _
MGR	AARON M. KARLTON 1800 SUNSET HARBOUR DR MIAMI BEACH, FL 33180	RIVE, MARINA SUITE #2	_ _ _
			_ _ _
			2 1 2 1 Vnc 1 2
	·		-Ville
(Use attachment if necessary)			5
RTICLE V: Effective date, if other than		(OPTIONAL)	끌
e date of filing.)	t be specific and cannot be more than five es not meet the applicable statutory filing re rtment of State's records.	10 755	77
RTICLE VI: Other provisions, if any.			
			
REQUIRED SIGNATURE:	1.		
	1/+		_

Signature of a member of 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.

Charles H. Ratner, Attorney

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)