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DATE:

08/20/2024

NAME: 4401 CASPER CT. LLC

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	4401 Cas _I	per Ct, LLC	
(Must cor	natin the words "Limited	Liability Company,	"L.L.C.," or "LLC.")
RTICLE II - Address:			
he mailing address and street	address of the principal of	office of the Limited	Liability Company is:
<u>Princi</u> j	pal Office Address:		Mailing Address:
4401 Casper Ci		4400	Player St
Hollywood, FL 33021		Holly	wood, FL 33021
RTICLE III - Registered Ag he Limited Liability Compan	y cannot serve as its owr	i Registered Agent. S	it's Signature:
RTICLE III - Registered Ag the Limited Liability Compan tother business entity with an the name and the Florida street	y cannot serve as its owr active Florida registration	n Registered Agent. \on.)	it's Signature:
he Limited Liability Compan other business entity with an	y cannot serve as its owr active Florida registration	n Registered Agent. Non.) d agent are:	it's Signature:
he Limited Liability Compan other business entity with an	y cannot serve as its own active Florida registration address of the registered	n Registered Agent. \on.)	
he Limited Liability Compan other business entity with an	y cannot serve as its own active Florida registration address of the registered	n Registered Agent. Non.) d agent are:	it's Signature:
he Limited Liability Compan other business entity with an	y cannot serve as its own active Florida registration address of the registered Yosef D. Rosengarten	n Registered Agent. Von.) d agent are: Name	it's Signature: You must designate an individual oi
he Limited Liability Compan other business entity with an	y cannot serve as its own active Florida registration address of the registered Yosef D. Rosengarten 4400 Player St	n Registered Agent. Von.) d agent are: Name	it's Signature: You must designate an individual oi

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..

Yosef D. Rosengarten

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

	Title:	Name and Address:	
	"AMBR" = Authorized Member		
	"MGR" = Manager		
	MGR	Yosef D. Rosengarten	
		4400 Player St	_
		Hollywood, FL 33021	_
	MGR	Sima Lowy	
		4400 Player St	
		Hollywood, FL 33021	
			
			_
		<u> </u>	
			<u> </u>
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	(Use attachment if necessary)		~ -
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ARTIC	CLEV: Effective date, if other than the da	ate of filing:	
(If an e	effective date is listed, the date must be s	specific and cannot be more than five business days prior to or s	
the dat	e of filing.)	specific and cannot be more man five business days prior to or s	o days after
		t mout the applicable statutem filling as the second filling	
the de-	are the date discretion date of the D	at meet the applicable statutory filing requirements, this date will n	otbe listed as
ine doc	cument's effective date on the Departmen	nt of State's records.	-
ARTIC	CLE VI: Other provisions, if any.		
ANTIC	LEE VI. Other provisions, if any,		
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	BUOLIBER OLON CONTROL		
	REOUIRED SIGNATURE:		
		Yosef D. Rosengarten	
			_
	Signature of a n	member or an authorized representative of a member.	
	This document is exec	cuted in accordance with section 605.0203 (1) (b), Florida Statutes	
	I am aware that any fal	lse information submitted in a document to the Department of State	2
	constitutes a third degr	ree felony as provided for in s.817.155, F.S.	
	Yosef D. Rosengarten,		
		Typed or printed name of signed	

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)