Florida Department of State Division of Comorations

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000285247 3)))



H2400028524734BC1

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : RASI

Account Number : 120220000023 Phone : (800)221-2972

Fax Number : (917)243-5843

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

FLORIDA LIMITED LIABILITY CO. Candor Capital Credit LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Candor Capital Credit 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:

Mailing Address:

450 Altor	ı Rd,	Αp	ı. 2302	
Miami Bo	ach.	FL	33139	

450 Alton Rd, Apt. 2302 Miami Beach, FL 33139

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

Beni	חותותו	Meshel

Name

450 Alton Rd, Apt. 2302

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

Miami	Beach
-------	-------

FT.

33110

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.,

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Wilson Rd. Aut. 2302 Miami Reach. FL 33139 (Use attachment if necessary) E. V.: Effective date, if other than the date of filing: Lective date is listed, the date must be specific and cannot be more than five business days prior to or 90 of filing.) The date inserted in this block does not meet the applicable statutory filing requirements, this date will not a mont's effective date on the Department of State's records. E. 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. Benjamin Meshel 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)	Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
(Use attachment if necessary) E. V.: Effective date, if other than the date of filing:	AMBR	450 Alton Rd. Apt. 2302
(Use attachment if necessary) E. V.: Effective date, if other than the date of filing:		
(Use attachment if necessary) E. V: Effective date, if other than the date of filing: [lective date is listed, the date must be specific and cannot be more than five business days prior to or 90 of filing.) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be mont's effective date on the Department of State's records. E. 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. Benjamin Meshel Typed or printed name of signee Filing Fess: \$125.00 Filing Fee for Articles of Organization and Declaration of the provided for in s. 812.100 Filing Fee for Articles of Organization and Declaration of the provided for in s. 812.100 Filing Fee for Articles of Organization and Declaration of the provided for in s. 812.100 Filing Fee for Articles of Organization and Declaration of the provided for in s. 812.100 Filing Fee for Articles of Organization and Declaration of the provided for in s. 812.100 Filing Fee for Articles of Organization and Declaration of the provided for in s. 812.100 Filing Fee for Articles of Organization and Declaration of the provided for in s. 812.100 Filing Fee for Articles of Organization and Declaration of the provided for in s. 812.100 Filing Fee for Articles of Organization and Declaration of the provided for in s. 812.100 Filing Fee for Articles of Organization and Declaration of the provided for in s. 812.100 Filing Fee for Articles of Organization and Provided for in s. 812.100 Filing Fee for Articles of Organization and Provided for in s. 812.100 Filing Fee for Articles of Organization and Provided for in s. 812.100 Filing Fee for Articles of Organization and Provided for in s. 812.100 Filing Fee for Articles of Org		
LE V: Effective date, if other than the date of filing: [Sective date is listed, the date must be specific and cannot be more than five business days prior to or 90 or of filing.) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be mont's effective date on the Department of State's records. LE 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. Benjamin Meshel Typed or printed name of signee Filing Fees: \$125.00 Filing Fee for Articles of Organization and Declaration of State and Constitutes and Consti		
LE V: Effective date, if other than the date of filing: [Sective date is listed, the date must be specific and cannot be more than five business days prior to or 90 or of filing.) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be mont's effective date on the Department of State's records. LE 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. Benjamin Meshel Typed or printed name of signee Filing Fees: \$125.00 Filing Fee for Articles of Organization and Declaration of State and Constitutes and Consti		
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. Benjamin Meshel Typed or printed name of signee Filing Fees: \$125.00 Filing Fee for Articles of Organization and Device the provided of the second of the printed		
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. Benjamin Moshel Typed or printed name of signee Filing Fees: \$125.00 Filing Fee for Articles of Organization and Fees:	EV: Effective date, if other than the (lective date is listed, the date must be of filling.)	e specific and cannot be more than five business days prior to or 90 d
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. Benjamin Meshel Typed or printed name of signee Filing Fees: \$125.00 Filing Fee for Articles of Organization and Deviation of Contact of Contac	EV: Effective date, if other than the clective date is listed, the date must be of filling.) If the date inserted in this block does in	e specific and cannot be more than five business days prior to or 90 d
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. Benjamin Meshel Typed or printed name of signee Filing Fees: \$125.00 Filing Fee for Articles of Organization and Deviation of States.	EV: Effective date, if other than the effective date is listed, the date must be of filling.) If the date inserted in this block does not ment's effective date on the Department.	e specific and cannot be more than five business days prior to or 90 d
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. Benjamin Meshel Typed or printed name of signee Filing Fees: \$125.00 Filing Fee for Articles of Organization and Deviagorithm of State and State	LEV: Effective date, if other than the of fective date is listed, the date must be of filling.) If the date inserted in this block does not ment's effective date on the Department. EVI: Other provisions, if any.	e specific and cannot be more than five business days prior to or 90 d
Typed or printed name of signee ### Hiling Fees: \$125.00 Filing Fee for Articles of Organization and Davids of Control o	LE V: Effective date, if other than the of fective date is listed, the date must be of filing.) If the date inserted in this block does not ment's effective date on the Department. EVI: Other provisions, if any.	e specific and cannot be more than five business days prior to or 90 d
Filing Fees: \$125.00 Filing Fee for Articles of Organization and Dayloreston of Dayloreston and Dayloreston an	LE V: Effective date, if other than the of fective date is listed, the date must be of filing.) If the date inserted in this block does not ment's effective date on the Department's effective date on the Department. EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a This document is existed any aware that any if a maware that	e specific and cannot be more than five business days prior to or 90 does meet the applicable statutory filing requirements, this date will not be ent of State's records. I member or an authorized representative of a member, ecuted in accordance with section 605.0203 (1) (b), Florida Statutes.
\$125.00 Filing Fee for Articles of Organization and Designation of	EV: Effective date, if other than the decive date is listed, the date must be of filing.) If the date inserted in this block does not ment's effective date on the Department's effective date on the Department. EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a This document is exiliam aware that any file constitutes a third decivered.	interpretative of a member of an authorized representative of a member of an authorized representative of a member of statutes. Information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S.
	EV: Effective date, if other than the of fective date is listed, the date must be of filing.) If the date inserted in this block does not ment's effective date on the Department's effective date on the Department. EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a This document is extended and aware that any for constitutes a third definition.	interpretation and cannot be more than five business days prior to or 90 december the applicable statutory filing requirements, this date will not be sent of State's records. Interpretation of an authorized representative of a member, equipment of an accordance with section 605.0203 (1) (b), Florida Statutes, false information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S. Shel Typed or printed name of signee