

Florida Department of State
 Division of Corporations
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To:
 Division of Corporations
 Fax Number : (850)617-6381

From:
 Account Name : ALEXANDER ALMONTE, ESQ/I INCORPORATE LTD.
 Account Number : I20070000019
 Phone : (518)689-1212
 Fax Number : (518)432-0742

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

Email Address: _____

SECRETARY OF STATE
 TALLAHASSEE, FL

2024 SEP 18 PM 12:01

RECEIVED

**FLORIDA LIMITED LIABILITY CO.
 MIAMI KITCHEN BATH AND BEYOND LLC**

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

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 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

24 SEP 18 PM 12:53

Articles of Organization
for
Florida Limited Liability Company

ARTICLE I NAME

The name of the Limited Liability Company is:

Miami Kitchen Bath and Beyond LLC

ARTICLE II PRINCIPAL OFFICE

The mailing address and street address of the principal office is:

121 NE 34TH ST, STE 916, MIAMI, FL 33137

Mailing Address: 121 NE 34TH ST, STE 916, MIAMI, FL 33137

ARTICLE III REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT'S SIGNATURE

The name and the Florida street address of the registered agent are:

ILAN NIZER

121 NE 34TH ST, STE 916, MIAMI, FL 33137

ARTICLE IV AUTHORIZED REPRESENTATIVE / MANAGER

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

ILAN NIZER, Authorized Member

121 NE 34TH ST, STE 916, MIAMI, FL 33137

September 18, 2024

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..

s/ ILAN NIZER

ILAN NIZER

Registered Agent

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.

s/ ILAN NIZER

ILAN NIZER

Authorized Member

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