

Florida Department of State  
 Division of Corporations  
 Electronic Filing System

**LZ40003176363**

9.19.24

**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.**

((H24000317636 3)))



H240003176363ABC%

**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 : CAPITOL SERVICES, INC.  
 Account Number : I20160000017  
 Phone : (855)498-5500  
 Fax Number : (800)432-3622

**\*\*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.  
 4798 EAST 10TH LANE, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

SECRETARY OF STATE  
 TALLAHASSEE, FL

2024 SEP 18 PM 12:01

RECEIVED

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

24 SEP 18 PM 12:53

Electronic Filing Menu

Corporate Filing Menu

Help

H24000317636

**COVER LETTER**

**TO: New Filing Section  
Division of Corporations**

**SUBJECT:** 4798 EAST 10TH LANE, 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:

HOWARD B. NADEL

Name of Person

HOWARD B. NADEL, P.A.

Firm/Company

301 W. HALLANDALE BEACH BLVD

Address

HALLANDALE BEACH, FLORIDA 33009

City/State and Zip Code

HNADEL@RNFLAW.COM

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

For further information concerning this matter, please call:

HOWARD NADEL

954

455-5100

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 of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
24 SEP 18 PM 12:53

H24000317636

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

H24000317636

## ARTICLE I - Name:

The name of the Limited Liability Company is:

4798 EAST 10TH LANE, 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:17749 Collins AvenueUnit 2501Sunny Isles, Florida 33160Mailing Address:17749 Collins AvenueUnit 2501Sunny Isles, Florida 33160

## ARTICLE III - Registered Agent, Registered Office, &amp; 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:

HOWARD B. NADEL, P.A.

Name

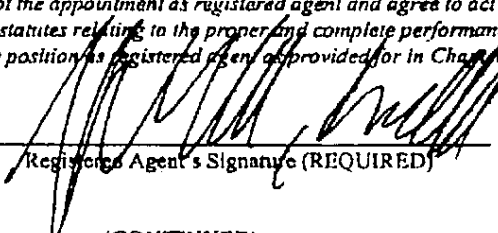
301 W. HALLANDALE BEACH BLVD.Florida street address (P.O. Box **NOT** acceptable)HALLANDALE BEACH Florida 33009

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 603, F.S.

  
\_\_\_\_\_  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
24 SEP 18 PM 12:53

H24000317636

H24000317636

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

**Name and Address:**

LAURENT GROILL

17749 Collins Avenue, Unit 2501

Sunny Isles, Florida 33160

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(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.

To engage in any and all lawful business permitted under the laws of the United States and the State of Florida

The limited liability company shall be manager managed

**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.

HOWARD B. NADEL

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)

24 SEP 18 PM 12: 53

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

H24000317636