L1400413388

(Red	questor's Name)	<u> </u>
(Add	dress)	
(Add	dress)	<u> </u>
(Cit)	/State/Zip/Phone	e #)
PICK-UP		MAIL
(Business Entity Name)		
<u> </u>		
(Doc	cument Number)	
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		

100436486731



- RECEIVED 2024 SEP 30 PM 3: 06 SLOPE LARY OF STATE MULTALIASSEE, FLORIDA

Office Use Only



CAPITAL CONNECTION, INC.

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

300 MACY STREET, LLC

Please Debit FCA00000003 For: 125	2
Thank you Seth Neeley	2024 SEP
Atta/	Art of Inc. File 2
	LTD Partnership File
	Foreign Corp. File
	L.C. File
	Fictitious Name File
	Trade/Service Mark
	Merger File
	Art. of Amend. File
	RA Resignation
	Dissolution / Withdrawal
	Annual Report / Reinstatement
	Cert. Copy
	Photo Copy
	Certificate of Good Standing
	Certificate of Status
	Certificate of Fictitious Name
	Corp Record Search
	Officer Search
A	Fictitious Search
Signature	Fictitious Owner Search
	Vehicle Search
	Driving Record
Requested by:	UCC 1 or 3 File
Name Date Time	UCC 11 Search
	UCC 11 Retrieval
Walk-In Will Pick Up	Courier

OF

300 MACY STREET, LLC

The undersigned authorized representative hereby forms a limited liability company

under the laws of the State of Florida:

ARTICLE I

COMPANY NAME

The name of this company is:

300 MACY STREET, LLC

ARTICLE II

COMMENCEMENT

1024 SEP 30 1.M The existence of the Company shall commence on September 30, 2024, the date of signing hereof, provided that same shall be filed with the Florida Secretary of State within the? time authorized by Statute.

ARTICLE III

MAILING ADDRESS AND STREET ADDRESS OF THE COMPANY

The mailing address and the street address of the principal office of the limited liability company is 3797 S. Military Trail, Lake Worth, FL 33467.

ARTICLE IV

REGISTERED AGENT AND REGISTERED AGENT'S ADDRESS

The Registered Agent and the street address of the Registered Agent of this Company in the State of Florida shall be:

Garry M. Glickman 1601 Forum Place, Suite 1101 West Palm Beach, FL 33401

ARTICLE V

INITIAL MANAGERS

The Initial Managers of the Company shall be:

Caled Hamed 3797 S. Military Trail Lake Worth, FL 33467

Tony Perez 3797 S. Military Trail Lake Worth, FL 33467

Deiner Perez 3797 S. Military Trail Lake Worth, FL 33467

The Initial Managers shall be responsible for the management of the Company, and shall have the full right, power and authority to manage, direct and control all of the business and affairs of the company and to transact business on its behalf, including the authority to execute any instrument transferring, encumbering or in any way involving real property related to the full Company.

Notwithstanding the foregoing, the Managers shall have the absolute authority to

subcontract any management functions of the Company in their sole and absolute discretion.

ARTICLE VI

DISSOLUTION

The death, retirement, resignation, expulsion, bankruptcy or dissolution of a member shall not dissolve the Company as long as there remains in existence one (1) member. The Company shall dissolve only as provided in the Operating Agreement of the Company or pursuant to Florida Statute §605.

ARTICLE VII

RIGHTS, LIABILITIES AND OBLIGATIONS OF MEMBERS

7.1 Liability of Members: No Member shall be personally liable for the expenses,

liabilities, debts or obligations of the Company, unless otherwise provided pursuant to Florida Statute §605.

7.2 Return of Capital: No Member shall have the right to demand the return of his/her/its contribution to capital except as provided in the Company's Operating Agreement then in existence.

7.3 Non-Assignability of Membership Interest:

a) No Member may assign his/her Company interest in whole or in part without the ج ج express written consent of 100% of the Company's members, including the member attempting to assign his/her interest.

b) The assignce of a member's interest shall have no right to participate in the management of the business and affairs of the Company:

> i) without the express written consent of 100% of the members of the limited liability company including the member assigning the limited liability interest, and

ڢ

ii) as provided in the Operating Agreement, and

iii) in compliance with any procedure provided for in the Operating Agreement. c) No interest of any member shall be subject to forced assignment by any court of law.

. .

IN WITNESS WHEREOF, the undersigned Authorized Representative has executed the Articles of Organization, this 30th day of September, 2024 and affirms that the Company has at least one member as of the effective date of these Articles.

Garry MAGlickman, Authorized Representative

STATE OF FLORIDA]] ss: COUNTY OF PALM BEACH]

The foregoing instrument was acknowledged before me by means of [] physical presence or [] online notarization this D day of September, 2024 by Garry M. Glickman, as Authorized Representative of the aforesaid Limited Liability Company, who is personally known to me or who has produced ________ as identification and who did/did not take an oath.

NOTARY PUBLIC:
SIGN Suntte Alaborer
PRINT_SLATEHE LADEVALL
}

MY COMMISSION EXPIRES:

SUZETTE L. NOVAY MY COMMISSION # HH 585014 EXPIRES: October 6, 2028



300 MACY STREET, LLC, desiring to organize as a Limited Liability Company under the laws of the State of Florida with its principal office as indicated in the Articles of Organization, has named Garry M. Glickman having an address at 1601 Forum Place, Suite 1101, West Palm Beach, FL 33401 as its agent to accept Service of Process within this State.

ACKNOWLEDGMENT

Having been named to accept Service of Process for the above-named Limited Liability Company, at the place designated in this Certificate, I hereby agree to act in this capacity, accept the appointment, and agree to comply with the provisions of the Florida Statutes relative to keeping oper said office.

Ę, Glickman Garry

The foregoing instrument was acknowledged before me by means of [4] physical presence or [] online notarization this 30 day of September, 2024 by Garry M. Glickman who is \Box personally known to me or who has \Box produced ______ as identification and who did/did not take an oath.

Name: Storic HCLA (Type, stamp or print)

SUZETTE L. NOVAY MY COMMISSION # HH 585014 EXPIRES: October 6, 2028