

U24000447539

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

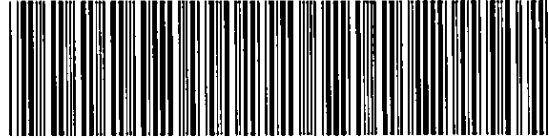
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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## CAPITAL CONNECTION, INC.

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

500-92 Surfside Property, I.I.C

Please Debit FCA000000003 For: 125

Thank you Seth Neeley



2024 OCT 23 10:47

___	Art of Inc. File	_____
___	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	_____
___	Fictitious Search	_____
___	Fictitious Owner Search	_____
___	Vehicle Search	_____
___	Driving Record	_____
___	UCC 1 or 3 File	_____
___	UCC 11 Search	_____
___	UCC 11 Retrieval	_____
___	Courier	_____

Signature

Requested by:

Name

Date

Time

Walk-In

Will Pick Up

**COVER LETTER**

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

**SUBJECT:** 500-92 Surfside Property, 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:

NICKY RUWISCH

Name of Person

HERSKOWITZ SHAPIRO, PLLC

Firm/Company

9130 S. DADELAND BLVD., SUITE 1609

Address

MIAMI, FLORIDA 33156

City/State and Zip Code

NICKY@HSLAWFL.COM

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

For further information concerning this matter, please call:

NICKY RUWISCH      305      423-1407  
at (      )  
Name of Person      Area Code      Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |   |   |   |
|--|---|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

500-92 Surfside Property, 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:

8918 Gariand Avenue

Surfside, Florida 33154

Mailing Address:

5950 SW 29th Street

Miami, Florida 33155

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:

HERSKOWITZ SHAPIRO

Name

9130 S. DADELAND BLVD., SUITE 1609

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

MIAMI

City

FLORIDA

State

33156

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..*

[Signature]  
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:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

**Name and Address:**

MICHAEL WIESENFELD

5950 SW 29th Street

Miami, Florida 33155

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

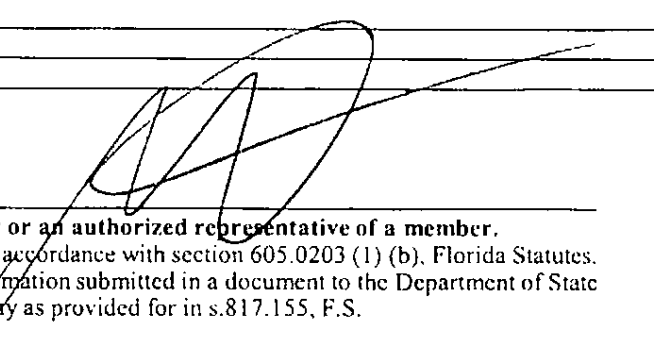
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**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.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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.

GREG HERSKOWITZ

\_\_\_\_\_  
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)