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FLORIDA CAPITAL COURIER SERVICES. INC 2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-54372 (850) 524-6243

Please use funds from the account 120210 Authorization Signature: Yadegar Family Limitied Liability Company Business Name	#Document #
Walk in	Will wait
X Certified Copies of the Articles Certificate of Status	
NEW FILINGS	AMENDMENTS
Profit Not for ProfitXLLC Domestication INC CORP OTHER	Amendment Resignation of R.A. Officer/Director Change of Registered Agent Dissolution/Withdrawal Conversion Statement of FACT Merger
OTHER FILINGS	REGISTRATION/QUALIFICATIONS
Annual Report	Foreign Filing
Fictitious Name	Partnership Reinstatement
Statement of Authority	CORRECTION for a Foreign LLCDomestication of a Foreign Corp.
APOSTILCOUNTRY	Other
EXAMINER'S INITIALS:	

TALLAHASSEE, FL 32309 (850) 524-54372 (850) 524-6243 Please use funds from the account | I20210000160: \$ 155.00 \_\_\_\_ Authorization Signature: \_\_\_\_\_ In tuling Yadegar Family Limitied Liability Company Business Name #Document # Walk in Will wait \_X\_\_ Certified Copies of the Articles -Certificate of Status **NEW FILINGS** <u>AMENDMENTS</u> Profit Amendment Resignation of R.A. Officer/Director Not for Profit Change of Registered Agent X LLC \_\_\_ Domestication Dissolution/Withdrawal Conversion \_ INC CORP Statement of FACT OTHER Merger

# OTHER FILINGS

FLORIDA CAPITAL COURIER SERVICES, INC

2330 CLARE DRIVE

\_\_\_\_Annual Report \_\_\_\_\_Foreign Filing \_\_\_\_\_Partnership \_\_\_\_\_\_Reinstatement \_\_\_\_\_\_CORRECTION for a Foreign LLC \_\_\_\_\_\_Statement of Authority \_\_\_\_\_\_\_Domestication of a Foreign Corp. \_\_\_\_\_\_\_APOSTIL \_\_\_\_\_\_\_Other

REGISTRATION/QUALIFICATIONS

EXAMINER'S INITIALS:

## COVER LETTER

TO: New Filing Section	
Division of Corporations	
SUBJECT: Yadegar Family Limited Liability (Name of Limited Liability Cor	· -
Dear Sir or Madam:	
The enclosed Articles of Organization and f	fees are submitted for filing.
Please return all correspondence concerni	ing this matter to the following:
Matthew J. Sherman <b>Tax Workout Group, P.A.</b> 150 East Palmetto Park Road, Suite Boca Raton, Florida 33432	800
Email address: danyadegarmd@gmail.com	n (for future annual report notification)
For further information concerning this ma 861-0920	tter, please call: Matthew J. Sherman at (561
Enclosed is a check for the following am	ount:
\$125.00 Filing Fee \$155	5.00 Filing Fee & Certified Copy
Mailing Address:	Street Address:
New Filing Section	New Filing Section
Division of Corporations	Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

P.O. Box 6327

Tallahassee, FL 32314

### FLORIDA LIMITED LIABILITY COMPANY

### ARTICLES OF ORGANIZATION

### ARTICLE I. Name:

The name of the Limited Liability Company is:

Yadegar Family Limited Liability Company

### ARTICLE II. Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

300 South Point Drive, No. 1705 Miami Beach, Florida33139

Mailing Address:

300 South Point Drive, No. 1705 Miami Beach, Florida33139

ARTICLE III. Registered Agent, Registered Office, & Registered Agent's Signature:

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

Tax Workout Group, P.A. c/o Matthew J. Sherman, Esq. 150 East Palmetto Park Road, Suite 800 Boca Raton, Florida 33432

Having been named as the 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 the registered agent as provided for in F.S.

Registered Agent's Signature: /s/ Matthew J. Sherman

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

Name: Daniel Yadegar

Title:

Manager

Address: 300 South Pointe Drive, No. 1705

Miami Beach, Florida 33139

ARTICLE V. Effective date, if other than the date of filing: November 1, 2024

ARTICLE VI. Other provisions, if any.

The purpose of the Limited Liability Company is to engage in any lawful activity for which a Limited Liability Company may be organized in this state.

**REQUIRED SIGNATURE:** 

Signature of authorized representative of a member.

Matthew J. Sherman, Attorney at Law\_\_\_\_\_

Typed or printed name of signee

This document is executed in accordance with section

(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.