11/6/24 2 23 PM

Division of Corporations



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.

(((H240003700613)))



Note: DO NOT hit the REFRESH/RELOAD button on Your browser from this page. Doing so will generate another cover sheet. haman managaman manag

Division of Corporations

Fax Number : (850)617-6381

Account Name : LEOPOLD KORN & LEOPOLD, P.A.

Account Number : I20010000025

Phone : (786)899-2235 Fax Number : (305)935-9042

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. NorthPark CC, LLC

Certificate of Status	0
Certified Copy	0
Page Count	<sub>1</sub> 03,
Estimated Charge	: \$125.00

Electronic Filing Menu — Corporate Filing Menu

Help

1::

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED HABILITY COMPANY

ARTICLE I - Name:				
he name of the Limited Liability Company is:				
NorthPark CC, LLC				
(Must contain the words "Limited Liabi	ility Company, "L.L.C.," or "LLC.")			
ARTICLE II - Address:	319			
	- Calca I for head I for the Commence			
he mailing address and street address of the principal office	of the Limited Liability Company is:			
	Mailing Address:			
Principal Office Address:	S. Mailing Address:			
<del></del>	Mailing Address:			

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:

35.76

Greg Zeifman		·
	Name	
1680 Michigan Ave.	Suite 700	
Florida street addres	ss (P.O. Box <u>NOT</u>	acceptable)
Miami Beach	FL	33139
City	State	1 5 Zip // 3

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..

Greg Zeifman
Registered Agent's Signature (REQUIRED)

53

(CONTINUED)

24 NOV -8 PM 6: 54

....

714 21, 1						
024. 16:52 L	eopold Fax			*	3059311947	
<del>-</del>				_	3033311311	-
<del>-</del>						
			•	_		
			. –	** -	••	
ARTICLET	V-			• •	<u> </u>	
	d address of each person a	uthorized to manage and	control the	e Limited	Liability Company:	
Title:		Name and A	.ddresš:			
"AMBR" = A	uthorized Member	<u> </u>				
$\frac{1}{4m \cdot 6} \text{"MGR"} = M_{\text{B}}$	mager		 ),	ils		
date of MGR	<u> </u>	Greg Zeifman				
ole: Hithere		1680 Michigan Av Miami Beach, FL.	e. Suite 70	0		
a devium en		MIAHII DUACH, P.J.				-
CART C TICKEY			•			
visord of tr	<del></del>			· -		
· •						<u> </u>
		<del></del>			*****	_
						-
		-		-		_
				'		_
				<del></del>		_
(Use attachm	ent if necessary)		ī			
DTICLEV. Reserve	e date, if other than the dat	a of filme:			/OPTIONAL)	
	listed, the date must be s					) days after
he date.of.filing.)		-				
	ted in this block does not		atory filing	requirer	nents, this date will no	t be listed as
he document's effecti	ve date on the Departmen	t of State's records				
RTICLE VI: Other p	rovisions, if any.			144		
Any and all lawful bus	iness purposes	* •				
				-112		<del></del> -
REOURED	SIGNATURE:					
	Greg Zeifmi	an				
	Signature of a re	rember or an authorize	d raprevar	tutiva a	in mambar	
		uted in accordance with:				
		se information submitted			e Department of State	
	consumes a third degr	ee felony as provided for	ш 8.51,7,1	23, K.S.		 -
	Greg Zeifman				<del></del>	24 24
		Typed or printed nan	ie of signe	e		<b>*</b> 19
		Filing Fees:		•		AC.
\$125.00 Fit	ing Fee for Articles of O		ation of R	egistere	d Agent	
<u>≥u</u> S:30.00 Ce	rtified Copy (Optional)		٠٠.	÷ :		<u></u> /
S 5.00 Ce	rtificate of Status (Optio	onal)				<b>32</b> 33
CLE II - VI				413		တ္က ဗုပ
arline as i						· -

gg.

.:

. ...

cur ov