# LZ4000495475

(1	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:	





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12/02/24--01008--005 \*\*\*\*\*\*\*\*\*\*\*\*

2024 DEC -2 AH II: 36

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DEC 0 2 2024 K. Brumbley

# CORPORATE ACCESS, \_

### When you need ACCESS to the world

INC.

236 Fast 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066)

(850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

## **WALK IN**

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	PICK UP:	JENA 12/2
	CERTIFIED COPY	
XX	РНОТОСОРУ	
	CUS	
XX	FILING	I.I.C
•	19301 SW 87 TH AVENUE (CORPORATE NAME AND DOCUMEN	
•	(CORPORATE NAME AND DOCUMEN	XT#)
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•	(CORPORATE NAME AND DOCUMEN	N°1° #)
	(CORPORATE NAME AND DOCUMEN	ŸΤ #j
PECIAI	L INSTRUCTIONS:	

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	AVENUE HOLDINGS LLC ontain the words "Limited Lia	bility Company,	"L.L.C.," or "LLC.")	
RTICLE II - Address:		, , ,		
	address of the principal offic	e of the Limited	Liability Company is:	
Principal Office Address:			Mailing Address:	
19301 SW 87TH AVE		50 C	HESTNUT RIDGE RD, SUITE 107	
19301 2 M 2/111 Y	AVE	200		
CUTLER BAY, F  RTICLE III - Registered A the Limited Liability Compa other business entity with a	L 33157	Registered Agent Y	NTVALE, NJ 07645	
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CUTLER BAY, F  RTICLE III - Registered A  The Limited Liability Compa  tother business entity with a	L 33157  Agent, Registered Office, & Iny cannot serve as its own Renactive Florida registration.)  et address of the registered agent NUCO FILINGS CORP	Registered Agent Spent are: Jame R. 1ST FL.	nt's Signature: You must designate an individual or	

/S/ELLIOTT TEITELBAUM Registered Agent's Signature (REQUIRED)

(CONTINUED)

#### ARTICLE IV-

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

<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGR	MORDECHAI WEISZ 50 CHESTNUT RIDGE RD. SUITE 107 MONTVALE, NJ 07645
(Use attachment if necessary)	
(If an effective date is listed, the date must be the date of filing.)	date of filing:
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	
/	S/ELLIOTT TEITELBAUM
This document is ex I am aware that any	member or an authorized representative of a member. ecuted in accordance with section 605.0203 (1) (b), Florida Statutes. false information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S.
ELLIOTT TE	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)