L24000495488

(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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CORPORATE ACCESS,

When you need ACCESS to the world

INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN					
	PICK UP:	JENA 12/2			
	CERTIFIED COPY				
XX	РНОТОСОРУ				
	CUS				
XX	FILING	ILC			
1.	CUTLER BAY AL HOLDINGS LLC (CORPORATE NAME AND DOCUMENT #)				
2.					
	(CORPORATE NAME AND DOCUMEN	NT #)			
3.	(CORPORATE NAME AND DOCUME)	NT #)			
4.					
	(CORPORATE NAME AND DOCUME)	NT #)			
5.	(CORPORATE NAME AND DOCUMENT #)				
6.					
	(CORPORATE NAME AND DOCUME)	NT#)			
SPECIA	LINSTRUCΓIONS:				

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

CUTLER BAY AL I	HOLDINGS LLC			
	tain the words "Limited I	Liability Company,	"L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street a	ddress of the principal of	fice of the Limited	Liability Company is:	
<u>Princip</u>	oal Office Address:		Mailing Address:	
19301 SW 87TH AV CUTLER BAY, FL			HESTNUT RIDGE RD, SUITE 107 NTVALE, NJ 07645	
The name and the Florida street	active Florida registration address of the registered			
The name and the Florida street	-	agent are:		
The name and the Florida street	address of the registered NUCO FILINGS CO	agent are: RP. Name		
The name and the Florida street	address of the registered	agent are: RP. Name DR. 1ST FL.	cceptable)	
The name and the Florida street	address of the registered NUCO FILINGS CO	agent are: RP. Name DR. 1ST FL.	cceptable)	
The name and the Florida street	address of the registered NUCO FILINGS CO 155 OFFICE PLAZA Florida street address	agent are: RP. Name DR. 1ST FL. (P.O. Box <u>NOT</u> ac	•	
Having been named as registered place designated in this certificate	address of the registered NUCO FILINGS COI 155 OFFICE PLAZA Florida street address TALLAHASSEE City agent and to accept service, I hereby accept the apportant of all statutes re	agent are: RP. Name DR. 1ST FL. (P.O. Box NOT are FL State ce of process for the ointment as registered atting to the proper	32301 Zip above stated limited liability company and agent and agree to act in this capacity and complete performance of my duties.	. /
Having been named as registered place designated in this certificate further agree to comply with the p.	address of the registered NUCO FILINGS COI 155 OFFICE PLAZA Florida street address TALLAHASSEE City agent and to accept service, I hereby accept the apportance of all statutes rebligations of my position of the accept service.	agent are: RP. Name DR. 1ST FL. (P.O. Box NOT are FL State ce of process for the ointment as registered atting to the proper	Zip Zip above stated limited liability company and agent and agree to act in this capacity and complete performance of my duties, as provided for in Chapter 605.	. I

(CONTINUED)

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ARTICLE IV-

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

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager <u>MGR</u>	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.)	ate of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90 days after of meet the applicable statutory filing requirements, this date will not be listed as int of State's records.
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	
/S	S/ELLIOTT TEITELBAUM
This document is exe I am aware that any fa	member or an authorized representative of a member, cuted in accordance with section 605.0203 (1) (b), Florida Statutes, also information submitted in a document to the Department of State tree felony as provided for in s.817.155, F.S.
ELLIOTT TEI	TELBAUM 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)