

L24000503155

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

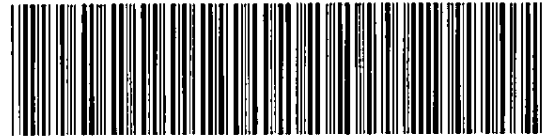
(Document Number)

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

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

Special Instructions to Filing Officer:

Office Use Only



800440563338

6. CHATHAM  
DEC - 6 2024

FILED

2024 DEC - 6 AM 9:15

SECRETARY OF STATE  
TALLAHASSEE, FL

RECEIVED

2024 DEC - 6 PM 4:34

SECRETARY OF STATE  
TALLAHASSEE, FL 32399

FLORIDA CAPITAL COURIER SERVICES, INC.  
2350 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-54372  
(850) 524-6243

Please use funds from the account 120210000160: \$125.00  
Authorization Signature  
 3234 SW 53 CT LLC

\_\_\_\_\_ Walk in \_\_\_\_\_ Will wait

\_\_\_\_ Certified Copies of the Articles of Incorporation of complete file  
Certificate of Status

## NEW FILINGS

☐ Profit  
☐ Not for Profit  
☐ LLC  
☐ Domestication  
☐ INC  
☒ CORP  
☐ OTHER

## AMENDMENTS

☐ Amendment  
☐ Resignation of R.A.  
☐ Change of Registered Agent  
☐ Dissolution/Withdrawal  
☐ Conversion  
☐ Statement of Authority  
☐ Merger  
☐ Amended and Restated Articles

## OTHER FILINGS

\_\_\_\_ Annual Report  
\_\_\_\_ Fictitious Name  
\_\_\_\_ Statement of Authority  
APOSTIL

COUNTRY

## **REGISTRATION/QUALIFICATIONS**

☐ Foreign Filing  
☐ Partnership  
☐ Reinstatement  
☐ CORRECTION for a LLC  
☐ Domestication of a Foreign Corp.  
☐ Other

**EXAMINER'S INITIALS:**

**COVER LETTER**

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

**SUBJECT:** 3234 SW 53 CT 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:

YAAKOV ELKARIF

\_\_\_\_\_  
Name of Person

3234 SW 53 CT LLC

\_\_\_\_\_  
Firm/Company

1815 GRIFFIN RD SUITE 404

\_\_\_\_\_  
Address

DANIA BEACH, FL 33004

\_\_\_\_\_  
City/State and Zip Code

worldglassusa@gmail.com

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

For further information concerning this matter, please call:

Yaakov Elkarif

305

9881450

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &  
Certificate of Status

☐ \$155.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$160.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(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:

3234 SW 53 CT 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:

1815 GRIFFIN RD SUITE 404  
DANIA BEACH, FL 33004

Mailing Address:

1815 GRIFFIN RD SUITE 404  
DANIA BEACH, FL 33004

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:

YAAKOV ELKARIF

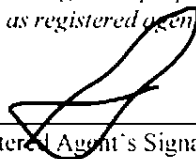
Name

1815 GRIFFIN RD SUITE 404

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

<u>DANIA BEACH</u>	<u>FL</u>	<u>33004</u>
City	State	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..*

  
\_\_\_\_\_  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FL

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**ARTICLE IV-**

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

**Title:**

"AMBK" = Authorized Member

"MGR" = Manager

MGR

**Name and Address:**

YAAKOV ELKARIF

1815 GRIFFIN RD SUITE 404

DANIA BEACH, FL 33004

MGR

YAAKOV ELKARIF

1815 GRIFFIN RD SUITE 404

DANIA BEACH, FL 33004

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SECRETARY OF STATE  
TALLAHASSEE, FL

FILED

(Use attachment if necessary)

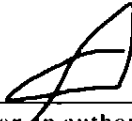
**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_, (OPTIONAL)

(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.

YAAKOV ELKARIF

Typed or printed name of signer

**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)