# UU4000575679

(Re	questor's Name)	
(Ad	dress)	
(À.)	dress)	
OA)	aress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





900441298409

12/20/24--01002--004 \*\*125.00

# 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

	CERTIFIED COPY	<del></del>	
XX	РНОТОСОРУ		
	CUS		· <i>J</i>
XX	FILING	LLC	. 1 4
_	FOREVER HOLLYWOO	OD REALTY, LLC	. J
	CORPORATE NAME AND DOC	UMENT#)	
-	CORPORATE NAME AND DOC	UMENT#)	
	(CORPORATE NAME AND DOC	UMENT#)	
_	CORPORATE NAME AND DOC	UMENT #)	
	CORPORATE NAME AND DOC		

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

ARTICLE I - Name:				
The name of the Limited Liability	Company is:			
Forever Hollywood R	ealty LLC			
(Must conta	in the words "Limited I	Liability Compar	ny, "L.L.C.," or "LLC.")	
ADTICLE II Addisses				
ARTICLE II - Address: The mailing address and street ad	dress of the principal o	ffice of the Limi	ed Liability Company is:	
<u>Principa</u>	l Office Address:		Mailing Address:	·~
25050 E. Country Ch	ıb Dr#PH34	2	5050 E. Country Club Dr., #PH34	;
Aventura, FL 33180				r
25050 E. Country Club Dr. ,#PH34 Aventura, FL 33180  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				
(The Limited Liability Company	cannot serve as its own	Registered Age	nt. You must designate an individual o	T _
another business entity with an a	ctive Florida registratio	on.)		
The name and the Florida street a	ddress of the registerer	l agent are:		•
The hatik and the Fronda street	idaress of the registered	. agent are.		1
	Daniel Camacho			
		Name		
	[ acceptable)			
	Aventura	FL	33180	
	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)

## 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>	Daniel Camacho 25050 E. Country Club Dr., #PH34 Aventura, FL 33180	
		• .,
		· . ]
		)
(Use attachment if necessary)	te of tiling: (OPTIONAL)	
(If an effective date is listed, the date must be sp the date of filing.)	pecific and cannot be more than five business days prior to or 90 days a meet the applicable statutory filing requirements, this date will not be list	
ARTICLE VI: Other provisions, if any.		
REQUIRED SIGNATURE:		
This document is execu	nember or an authorized representative of a member, uted in accordance with section 605.0203 (1) (b). Florida Statutes, so information submitted in a document to the Department of State	

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)