# 124000527149

(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



000441298490

2024 DEC 20 K1 9: 47

.

# FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

12/20/2024

NAME: 4800 N FED HWY A200 LLC

TYPE OF FILING: ARTICLES

COST:

125.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

ABBIE/PAUL HODGE AUTHORIZATION:/

ţ

## COVER LETTER

	ew Filing Sec Division of Cor							
		D HWY A200 LLC						
SUBJEC	Γ:	Nam	e of Lim	ited Liabi	lity Company		-	
The enclos	sed Articles of	Organization and f	ec(s) are	submitte	d for filing.			
Please reti	ırn all correspo	ondence concerning	this ma	tter to the	following:			
	Joseph A. Yo	olofsky, Esq.						
			<u> </u>	Name o	f Person			
	Yolofsky La	w, P.A.					-	2024 DEC 2.0
	•	<del>-</del>		Firm/C	ompany		<del>.</del>	<del></del>
	100 SE 3rd A	Ave, Suite 1000					:	[] 9: 47
				Add	ress			<u>۔۔</u>
	Fort Lauderd	lale, Fl 33394					1	Ļ7
			Ci	ty/State a	nd Zip Code			
	ajy@yolofsky							
	ł	:-mail address: (to l	be used	tor tuture	annual report notific	cation)		
For further i	nformation cor	ncerning this matter	t, please	call:				
	Joseph Yolof	sky	95 _at (		237-4011		_	
	Name	e of Person	Ar	ea Code	Daytime Teleph	one Number		
Enclosed i	s a check for th	ne following amoun	t:					
<b>≡</b> \$125.00	) Fiting Fee	□\$130.00 Filing Certificate of Sta		Certif	55.00 Filing Fee & ied Copy nal copy is enclosed)	□\$160.00 Certificate Certified ( (additional c	e of Statu Copy	ıs &
	New Fi Divisio P.O. Bo	g Address ling Section on of Corporations ox 6327 assee, FL 32314			Street Address New Filing Section The Centre of Talk 2415 N. Monroe St Talkahassee, FL 32	ahassee treet, Suite 810		

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:					
The name of the Limited Liabili	ty Company is:				
•					
4800 N FED HWY.					_
(Must con	tain the words "Limited L	iability Company,	"L.L.C.," or "LLC.")		
ARTICLE II - Address:					
The mailing address and street a	iddress of the principal of	fice of the Limited	Liability Company is:		
Princip	oal Office Address;		Mailing Address:		
100 SE 3rd Ave Ste	1000	Sam	ie		2
Fort Lauderdale, Flo				=	2024 DEC 20
<del></del>	<del></del>	<del></del>			- <u>P</u>
ARTICLE III - Registered Ag	ent. Registered Office, a	& Registered Agei	nt's Signature:	:	S .
(The Limited Liability Company	y cannot serve as its own	Registered Agent.		ndividual or	$\tilde{\Box}$
another business entity with an	active Florida registration	n.)		?	-:
The name and the Florida street	address of the registered	agent are:		_1	1 71 9:1,7
	_			: -:	<del>-</del>
	Yolofsky Law, P.A.	Name		1 .	~
		ranic			
	100 SE 3rd Ave., Suit				
	Florida street address	(P.O. Box <u>NOT</u> a	cceptable)		
	Fort Lauderdale	FI	33394		
	City	State	Zip		
Having been named as registered place designated in this certificate further agree to comply with the p am familiar with and accept the of	Thereby accept the apportion of all statutes resolves of all statutes resolves of my position a	ointment as register. lating to the proper is registered agent o  Docustaned by:  L. J. Yolofsky  609880BA816B43D	ed agent and agree to ac and complete performat	t in this capacity nce of my duties,	. I

#### ARTICLE IV-

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

Title:  "AMBR" = Authorized Member  "MGR" = Manager	Name and Address:		
MGR = Manager	Meyer Chaim Trust 100 SE 3rd Ave, Ste 1000 Fort Lauderdale, Florida		
			20/4h#c
(Use attachment if necessary)		: `	20 /
ARTICLE V: Effective date, if other than the date if an effective date is listed, the date must be space date of filing.)  Note: If the date inserted in this block does not he document's effective date on the Department	necific and cannot be more than five b meet the applicable statutory filing requ	usiness days prior to o	. <del>5</del> 7
RTICLE VI: Other provisions, if any.			<del></del>
REOUIRED SIGNATURE:	Docusigned by: A. J. Yolofsky		
This document is execu I am aware that any fals	ember or an authorized representativated in accordance with section 605.020 in information submitted in a document refelony as provided for in s.817.155, F	3 (1) (b), Florida Statu to the Department of S	
Joseph Yolofsky	as attorney-in-fact 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)