

C240000531763

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

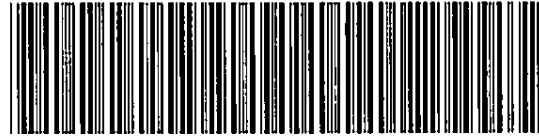
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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2024 DEC 30 PM 9:47

FILED

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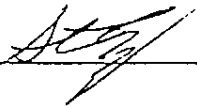
# CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

1055 STATION LLC

Please Debit FCA000000003 For: 125

Thank you Seth Neeley



- 2024 DEC 30 PM 9:47
- \_\_\_ Art of Inc. File \_\_\_\_\_
  - \_\_\_ LTD Partnership File \_\_\_\_\_
  - \_\_\_ Foreign Corp. File \_\_\_\_\_
  - \_\_\_ L.C. File \_\_\_\_\_
  - \_\_\_ Fictitious Name File \_\_\_\_\_
  - \_\_\_ Trade/Service Mark \_\_\_\_\_
  - \_\_\_ Merger File \_\_\_\_\_
  - \_\_\_ Art. of Amend. File \_\_\_\_\_
  - \_\_\_ RA Resignation \_\_\_\_\_
  - \_\_\_ Dissolution / Withdrawal \_\_\_\_\_
  - \_\_\_ Annual Report / Reinstatement \_\_\_\_\_
  - \_\_\_ Cert. Copy \_\_\_\_\_
  - \_\_\_ Photo Copy \_\_\_\_\_
  - \_\_\_ Certificate of Good Standing \_\_\_\_\_
  - \_\_\_ Certificate of Status \_\_\_\_\_
  - \_\_\_ Certificate of Fictitious Name \_\_\_\_\_
  - \_\_\_ Corp Record Search \_\_\_\_\_
  - \_\_\_ Officer Search \_\_\_\_\_
  - \_\_\_ Fictitious Search \_\_\_\_\_
  - \_\_\_ Fictitious Owner Search \_\_\_\_\_
  - \_\_\_ Vehicle Search \_\_\_\_\_
  - \_\_\_ Driving Record \_\_\_\_\_
  - \_\_\_ UCC 1 or 3 File \_\_\_\_\_
  - \_\_\_ UCC 11 Search \_\_\_\_\_
  - \_\_\_ UCC 11 Retrieval \_\_\_\_\_
  - \_\_\_ Courier \_\_\_\_\_

Signature

Requested by:

Name

Date

Time

Walk-In

Will Pick Up

**COVER LETTER**

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

**SUBJECT:** 1055 STATION 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:

Eric J. Grabois

Name of Person

Eric J. Grabois, P.L.L.

Firm/Company

1666 79th Street Causeway, Suite 500

Address

North Bay Village, FL 33016

City/State and Zip Code

service@graboislaw.com

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

For further information concerning this matter, please call:

Eric J. Grabois

305

891-2029

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:

1055 STATION 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:

5935 NE 2nd Ave

Miami, FL 33137

Mailing Address:

736 NE 72nd St

Miami, FL 33138

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:

Eric J. Grabois

Name

1666 79th Street Causeway, Suite 500

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

North Bay Village

FL


33016

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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**ARTICLE IV-**

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

**Title:**

**Name and Address:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Nicolas Brocherie  
5935 NE 2nd Ave  
Miami, FL 33137

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

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

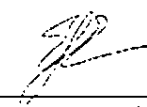
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**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.

Eric J. Grabois

\_\_\_\_\_  
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)