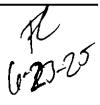
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(Re	questor's Name)	
(Ad-	dress)	
(Ad	dress)	
(Ćit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	Certificate	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



700452350937

2025 JUN 19 PM 2: 52

CAPITAL CONNECTION, INC.

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

1999 NE 168 ST LLC				
Please Debit FCA0000	900003 For: 125			
Thank you Seth Neele	·v			
Land				
Ally/			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	- :: - ::ప
			RA Resignation	,
			Dissolution / Withdrawal	
			Annual Report / Reinstatement	
			Cert. Copy	
		ļ	Photo Copy	
			Certificate of Good Standing	
			Certificate of Status	·
			Certificate of Fictitious Name	
			Corp Record Search	
1			Officer Search	
4			Fictitious Search	
Signature			Fictitious Owner Search	
			Vehicle Search	
			Driving Record	
Requested by: SETH	06/17		UCC 1 or 3 File	
Name	Date Time	-	UCC 11 Search	
			UCC 11 Retrieval	-
Walk-In GA ATC	Will Pick Up	-	Courier	

COVER LETTER

TO:	New Filing Section Division of Corporations					
SUBJE	1999 NE 168 ST LLC CCT:					
00101		Name of Limit	ed Liabilit	/ Company		
The en	closed Articles of Organization	and fee(s) are s	ubmitted f	or filing.		
Please	return all correspondence conce	rning this matte	er to the fo	lowing:		
	Alejandro A. Gershanik					
			Name of P	erson		
	1999 NE 168 ST LLC					
			Firm/Com	pany		
	3800 NE 166 Street, Unit	104				
	· · · · · · · · · · · · · · · · · · ·		Addres	s		:
	North Miami Beach, Fl. 3.	3160				
	alegershanik@gmail.com	City	/State and	Zip Code	,	٦
	E-mail address	s: (to be used fo	r future an	nual report notificati	on)	
For furth	er information concerning this	matter, please c	all:			
	Michelle Parlade Corey, E	SQ 305)	595-2300		
	Name of Person			Daytime Telephone	Number	
Enclose	ed is a check for the following a	mount:				
≘ \$125	5.00 Filing Fee		Certified	00 Filing Fee & Copy copy is enclosed)	□\$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address		_	reet Address		
	New Filing Section Division of Corporal	tions		ew Filing Section Di he Centre of Tallaha		
	P.O. Box 6327		2.	115 N. Monroe Stree	et, Suite 810	
	Tallahassee, FL 323	14	1	allahassee, FL 3230.	3	

1999 NE 168 St	LLC		
(Must	contain the words "Limited Lia	ability Company,	"L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and str	eet address of the principal offi	ce of the Limited	Liability Company is:
<u>Pri</u>	ncipal Office Address:		Mailing Address:
3800 NE 166 St	. Unit 104	3800	0 NE 166 St. Unit 104
North Miami Bo			th Miami Beach, Fl. 33160
			
The Limited Liability Com mother business entity with	h an active Florida registration. treet address of the registered a	egistered Agent. ') gent are:	nt's Signature: You must designate an individual or
(The Limited Liability Com another business entity with	pany cannot serve as its own R h an active Florida registration. treet address of the registered a Alejandro A. Gershanil	egistered Agent. ') gent are: k Name	nt's Signature: You must designate an individual or
(The Limited Liability Com another business entity with	pany cannot serve as its own R h an active Florida registration. treet address of the registered a Alejandro A. Gershanil	egistered Agent. ') gent are: k Name	You must designate an individual or
(The Limited Liability Com another business entity with	pany cannot serve as its own R h an active Florida registration. treet address of the registered a Alejandro A. Gershanil	egistered Agent. ') gent are: k Name	You must designate an individual or
(The Limited Liability Com another business entity with	pany cannot serve as its own R h an active Florida registration. treet address of the registered a Alejandro A. Gershanil 3800 NE 166 St. Unit 1 Florida street address (egistered Agent. ') gent are: k Name 104 P.O. Box NOT ac	You must designate an individual or cceptable)

(CONTINUED)

ARTICLE IV-

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

Title:	Name and Address:	
"AMBR" = Authorized "MGR" = Manager	Member	
_		
MGR	Alejandro A. Gershanik 3800 NE 166 St. Unit 104	
	North Miami Beach, Fl. 33160	
MGR	Jonatan Malkind	
	3800 NE 166 St. Unit 104	
	North Miami Beach, Fl. 33160	
 -		
(Use attachment if neces	ecory)	
(One difficultion in neces	ioni y į	1.7
LEV: Effective date, if or	ther than the date of filing: (OPTIONAL)	سب. - ب
e of filing.) If the date inserted in this	date must be specific and cannot be more than five business days prior to or 90 diblock does not meet the applicable statutory filing requirements, this date will not be the Department of State's records. If any,	٠
- M		
REQUIRED SIGNATI	F LT & B \	
	URE:	
	L NO	
Si	gnature of a member or an authorized representative of a member.	
This do-	gnature of a member or an authorized representative of a member, eument is executed in accordance with section 605.0203 (1) (b), Florida Statutes.	
This do- I am aw	gnature of a member or an authorized representative of a member, cument is executed in accordance with section 605.0203 (1) (b), Florida Statutes, are that any false information submitted in a document to the Department of State	
This do- I am aw	gnature of a member or an authorized representative of a member, eument is executed in accordance with section 605.0203 (1) (b), Florida Statutes.	
This do I am aw constitu	gnature of a member or an authorized representative of a member, cument is executed in accordance with section 605.0203 (1) (b), Florida Statutes, are that any false information submitted in a document to the Department of State	

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)