

**Electronic Articles of Organization
For
Florida Limited Liability Company**

**L24000303772
FILED 8:00 AM
June 25, 2024
Sec. Of State
snchatham**

Article I

The name of the Limited Liability Company is:
1189 OLIVE STREET LLC

Article II

The street address of the principal office of the Limited Liability Company is:
1189 SE OLIVE STREET
ARCADIA, FL. US 34266

The mailing address of the Limited Liability Company is:
5465 MIDDLECREST ROAD
RANCHO PALOS VERDES, CA. US 90275

Article III

The name and Florida street address of the registered agent is:
CHAD PASHA
22211 CATHERINE AVENUE
PORT CHARLOTTE, FL. 33952

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.

Registered Agent Signature: CHAD PASHA

Article IV

The name and address of person(s) authorized to manage LLC:

Title: GM
CHAD PASHA
5465 MIDDLECREST RD
RANCHO PALOS VERDES, CA. 90275 US

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Article V

The effective date for this Limited Liability Company shall be:

06/20/2024

Signature of member or an authorized representative

Electronic Signature: CHAD

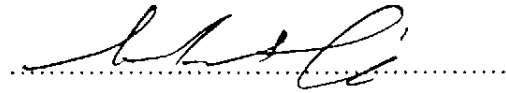
I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.

To: Department of the organization
Department of State, Division of Corporations - Florida

To whom it may concern,

As the owner and representative of the dissolved entity **1189 Olive Street LLC** with document number [L19000047559], I hereby state and confirm that I have no intention whatsoever of revoking the dissolution, therefore, I am releasing the name for use to another entity.

I am signing this notarized affidavit as follows:



Name: Chad Pasha
Date: June 28th 2024

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2024 JUL 11 PM 3:31
DIVISION OF CORPORATIONS
STATE OF FLORIDA

CALIFORNIA JURAT

GOVERNMENT CODE § 8202

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

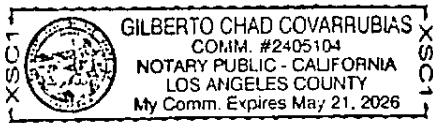
State of California

County of Los Angeles

Subscribed and sworn to (or affirmed) before me on
this 28th day of June, 2024, by
Date Month Year

(1) Chad Pasha

(and (2) N/A),
Name(s) of Signer(s)



proved to me on the basis of satisfactory evidence to
be the person(s) who appeared before me.

Place Notary Seal and/or Stamp Above

Signature [Signature]
Signature of Notary Public

OPTIONAL

Completing this information can deter alteration of the document or
fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: Affidavit

Document Date: _____ Number of Pages: 1 + Notary

Signer(s) Other Than Named Above: _____

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