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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		
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V	VATERHAUS 731, LL	COMENT #)	
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COVER LETTER

	New Filing Section Division of Corporations					
SUBJEC	Waterhaus 731, LLC					
SUBJEC	Name of Limited Liability Company					
The encle	osed Articles of Organization and I	ee(s) are submitted	l for filing.			
Please re	turn all correspondence concerning	this matter to the	following:			
	Kylee Urenda					2
		Name of	Person		:	2025 J.K.H
	Investment Property Exchange Services, Inc.					<u>:</u>
		Firm/Co	mpany		05 T	~;⊃ (g-
	10 S La Salle St Ste 310	0			iil,	M 9: +7
		Addr	ess		-	17
	Chicago, IL 60603					
	kylee.urenda@ipx1031.c	City/State ar	ıd Zip Code			_
	E-mail address: (to	be used for future a	annual report notificat	ion)		
For further	information concerning this matte	r, please call:				
	Kylee Urenda	602	850-8634			
	Name of Person	Area Code	Daytime Telephor	ne Number	-	
Enclosed	is a check for the following amount	at:				
□\$125.0	00 Filing Fee ■\$130.00 Filing Certificate of St	atus Certifi	5.00 Filing Fee & ied Copy (all copy is enclosed)	□\$160.00 Certificate Certified C (additional c	e of Statu Copy	ıs &
	Mailing Address New Filing Section Division of Corporations		Street Address New Filing Section D The Centre of Tallah			
	P.O. Box 6327 Tallahassee, FL 32314		2415 N. Monroe Stre Tallahassee, FL 3230	et, Suite 810		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

y Company, "L.L.C.," or "LLC.")		
the Limited Liability Company is:		
Mailing Address:		
605 Lincoln Rd Ste 215		
Miami Beach, FL 33139, US		
stered Agent's Signature: ered Agent. You must designate an individual or		
are: 9. 47		

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..

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

State

Miami Beach City

Registered Agent's Signature (REOUTRED

(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 Member "MGR" = Manager	
ü	Marin 16 C train Police
AMBR	National Safe Harbor Exchanges, Inc. 10 S La Salle St Ste 3100
	Chicago, IL, 60603.US
	Ollica20. 12. 00003.00
MGR	Onur Gunday
<u> </u>	605 Lincoln Rd Ste 215
	Miami Beach, FL 33139, US
	2
	<u> </u>
	·
(Use attachment if necessary)	
,	:S: • • • •
RTICLE V: Effective date, if other than the date	of filing: (OPTIONAL)
If an effective date is listed, the date must be so	ecific and cannot be more than five business days prior to or 90 days
ne date of filing.)	The same of the sa
	neet the applicable statutory filing requirements, this date will not be lis
he document's effective date on the Department	of State's records
RTICLE VI: Other provisions, if any.	
REOUIRED SIGNATURE:	
VII.	•
<u></u>	· · · · · · · · · · · · · · · · · · ·
Signature of a me	mber or an authorized representative of a member.
This document is execut	ed 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.
*** *** 1	
Kvlee Urenda	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)