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(Requestor's Name)
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(City/State/Zip/Phone #)
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COVER LETTER

		5TH STREET WYNWO				
SUBJECT	:	Name of Li	imited Liability Company			
The enclose	ed Articles of	Organization and fee(s) a	are submitted for filing.			
Please retui	n all correspo	ondence concerning this n	natter to the following:			
	CHARLES S	S SERFATY				
		<u> </u>	Name of Person			2.72
	SERFATY E	JAW, PA				
			Firm/Company			$\stackrel{\cdot}{\sim}$
	4770 BISCA	YNE BLVD SUITE 143	0		٠,	
			Address		:	
	MIAMI, FL	33137				<u></u>
,	Service Control of the Control of th		City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·		-
_		QSERFATYLAW.COM E-mail address: (to be use	d for future annual report notificati	ion)		-
or further in		ncerning this matter, plea-	·			
		-				
))			
	Nam	ic of Person	Area Code — Daytime Telephon	e Number		
Enclosed is	a check for the	he 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 Certificate Certified Co (additional co	of Status & opy	:
	-	ig Address	Street Address	tur ruu		
	Divisio	iling Section on of Corporations	New Filing Section Di The Centre of Tallah:	issee		
		ox 6327 assee, FL 32314	2415 N. Monroe Stree Tallahassee, Ft. 3230			

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

·	REET WYNWOOD MIA			
(Must con	main the words "Limited I	,iability Company, *	'l1C'' or "l.1.C.")	
ARTICLE II - Address: The mailing address and street (address of the principal of	ffice of the Limited	Lability Company is:	
<u>Princi</u>	pal Office Address:		Mailing Address:	
4770 BISCAYNE B MIAMI, FL 33137	BLVD SUITE 1430	SAM	l:	
ARTICLE III - Registered As	uent Rouistored Office	S. Registered Agen	Cs Signature	252
The Limited Liability Compan	iy cannot serve as its own	Registered Agent, Y		
The Limited Liability Companionother business entity with an	y cannot serve as its own active Florida registration	Registered Agent. Y n.)		tual or S
The Limited Liability Companionother business entity with an	y cannot serve as its own active Florida registration	Registered Agent. Y n.)		Sual or Signal o
The Limited Liability Companionother business entity with an	y cannot serve as its own active Florida registration t address of the registered	Registered Agent. Y n.)		fual or Co
The Limited Liability Companionother business entity with an	y cannot serve as its own active Florida registration t address of the registered	Registered Agent, Yn.) agent are: Name		outlor ()
The Limited Liability Companionother business entity with an	y cannot serve as its own ractive Florida registration taddress of the registered SERFATY LAW PA	Registered Agent, Vn.) agent are: Name ND SUITE 1430	ou must designate an individ	nual or Co
ARTICLE III - Registered Ag (The Limited Liability Companianother business entity with an The name and the Florida street	y cannot serve as its own ractive Florida registration taddress of the registered SERFATY LAW PA	Registered Agent, Vn.) agent are: Name ND SUITE 1430	ou must designate an individ	nual or Co

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 a Chapter 605, F.S..

Registered Agent's Signature REQUIRED)

(CONTINUED)

ARTICLE IV-

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
Authorized Representative	Charles Serfaty 4770 Biscavne Blvd. Suite 1430 Miami Fl 33137
	7.025
· · · · · · · · · · · · · · · · · · ·	
(Use attachment if necessary)	
If an effective date is listed, the date must be a he date of filing.)	the of filing:
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	12124 DOVAT
This document is exec Fam aware that any fa	member or an authorized representative of a member. cuted in accordance with section 607.0203 (1) (b), Florida Statutes. lse information submitted in a document to the Department of State ree felony as provided for in s 817.155, F.S.
Charles Serta	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)
- S 5.00 Certificate of Status (Optional)