

L25000068219

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

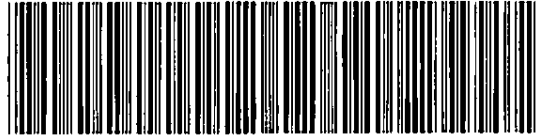
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



600444434346

2025 SEP 19 11:10:33

FILED

2025 SEP 19 11:10:33

FILED

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-54372  
(850) 524-6243

Please use funds from the account 120210000160: \$160.00

Authorization Signature *for full*

1521 SE 2 LLC

Business Name

#Document

Walk in

Will wait

☒ Certified Copy

☒ Certificate of Status

**NEW FILINGS**

☐ Profit

☐ Not for Profit

☒ LLC

☐ Domestication

☐ INC

☐ CORP

☐ OTHER

**AMENDMENTS**

☐ Amendment

☐ Resignation of R.A.

☐ Change of Registered Agent

☐ Revocation of Dissolution

☐ Conversion

☐ Statement of Authority

☐ Merger

☐ REVOCATION OF DISSOLUTION

**OTHER FILINGS**

☐ TRANSMITTAL LETTER

☐ Fictitious Name

☐ Statement of Authority

☐ APOSTIL                       
COUNTRY

**REGISTRATION/QUALIFICATIONS**

☐ Foreign Filing

☐ Partnership

☐ Reinstatement

☐ Statement of CORRECTION

☐ Domestication of a Foreign Corp.

☐                      Other

EXAMINER'S INITIALS:

**COVER LETTER**

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

**SUBJECT:** 1521 SE 2 LLC  
Name of Limited Liability Company

The enclosed Articles of Organization and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Mahmoud Fallahi

Name of Person

Firm/Company

1521 SE 2nd Ct

Address

Fort Lauderdale, FL 33301

City/State and Zip Code

mattfallahi1@gmail.com

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

For further information concerning this matter, please call:

Mahmoud Fallahi      240      876-2376  
at (      )  
Name of Person      Area Code      Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input checked="" type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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:

1521 SE 2 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:

Mailing Address:

1521 SE 2nd Ct

Fort Lauderdale, FL 33301

1521 SE 2nd Ct

Fort Lauderdale, FL 33301

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:

Bruce Hornstein, P.A.

Name

6961 Indian Creek Dr

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

Miami Beach

FL

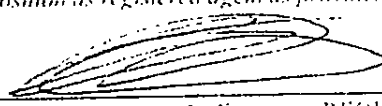
33141

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)

**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

Shahla Mostafavi

1521 SE 2nd Ct

Fort Lauderdale, FL 33301

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

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

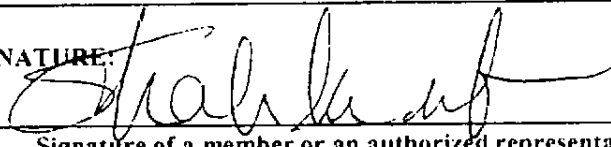
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**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.

Shahla Mostafavi

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)