2/25/2021 Division of Corporations

L21000082966

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000077866 3)))

H21000077866 3ABC4

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

2021 FEB 25 PM 3:40

To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : INTERSTATE FILINGS LLC
Account Number : I20110000086
Phone : (718)569-2703
Fax Number : (718)504-7890

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: contact@interstatefilings.com

RECEIVED
2021 FEB 25 PM 2:48
CORPORATION SERVICES

FLORIDA LIMITED LIABILITY CO.
BKZ REALTY LLC

Certificate of Status	**0**
Certified Copy	**0**
Page Count	**02**
Estimated Charge	**$125.00**

Electronic Filing Menu Corporate Filing Menu Help

(((H21000077866 3)))

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

BKZ REALTY LLC
(Must end with 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:**
8877 COLLINS AVE. APT. 204 SURFSIDE, FL 33154	8877 COLLINS AVE. APT. 204 SURFSIDE, FL 33154

2021 FEB 25 PM 3:40

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:

AVI BLONDER
Name

8877 COLLINS AVE. APT. 204
Florida street address (P.O. Box **NOT** acceptable)

SURFSIDE	FL	33154
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	AVI BLONDER 8877 COLLINS AVE. APT. 204 SURFSIDE, FL 33154

(Use attachment if necessary)

2021 FEB 25 P1:

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.

AVI BLONDER
Typed or printed name of signee