5/10/22, 2.07 PM

# vision 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.

(((H22000167849 3)))



H220001678493ABC6

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

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : FILE IT USA INC. Account Number : I20190000121 Phone : (718)925-2025 Fax Number : (718)925-2027

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

Email Address:\_

SERVICE@FILEITUSA.COM

## FLORIDA LIMITED LIABILITY CO.

585 NW 51st Street LLC

A III	AM 7:59	TERCRATIONS TANKERCIAL
IJ	_	; ;
		٠.,
ノ IJ	¥	

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

From: 17189252027 To: 18506176381

(((H22000167849 3)))

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

585 NW 51st Street LLC

(Must conatin 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:

11001 Pine Lodge Trail	11001 Pine Lodge Trail
Davie, FL 33328	Davie, FL 33328

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:

	Name	
11001 Pine Lodge T	[rail	
Florida street addre	ss (P.O. Box <u>NOT</u> ac	cceptable)
Davie	FL	33328

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.

/s/ Moshe Chaim Lehrer

Registered Agent's Signature (REQUIRED)

(CONTINUED)

(((H22000167849 3)))

A	R	TI	T	LE.	IV.	_

17189252027

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

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:	
AMBR	Moshe Chaim Lehrer 11001 Pine Lodge Trail Davie, FL 33328	
AMBR	Yaakov Yisroel Gahfi 400 Sunny Isles Blvd Sunnv Isles Beach, FL 33160	
AMBR	AM Gahfi LLC 10201 Collins Ave #807s Bal Harbour, FL 33154	
(Use attachment if necessary)		
ARTICLE V: Effective date, if other than the da (If an effective date is listed, the date must be the date of filing.) Note: If the date inserted in this block does no the document's effective date on the Departme	specific and cannot be more than five busin t meet the applicable statutory filing require	ness days prior to or 90 days after
RTICLE VI: Other provisions, if any.		
		<del></del>
REQUIRED SIGNATURE:		' <del></del> ' <b>-</b> '
	Moshe Chaim Lehrer	<del></del>
This document is exec I am aware that any fa	member or an authorized representative of cuted in accordance with section 605.0203 (I lise information submitted in a document to the felony as provided for in s.817.155, F.S.	) (b), Florida Statutes.

### Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

Moshe Chaim Lehrer
Typed or printed name of signee

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)