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FLORIDA LIMITED LIABILITY CO. LINCOLN ROAD DELIGHTS, LLC

Certificate of Status	0	
Certified Copy	1	
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Estimated Charge	\$155.00	

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J. SAULSBERR EXAMINER

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

LINCOLN ROAD DELIGHTS, LLC

(Must and 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:		
169 EAST FLAGLER STRET SUITE # 1620 MIAMI, FLORIDA 33131 169 EAST FLAGLER STREET S MIAMI, FLORIDA 33131		SUITE # 1620	
ARTICLE III ~ Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registrations callly with an active Florida registration.) The name and the Florida street address of the	ristered Agent. You must designate an indi	vidual or another	Y7]
MICHAEL GLINSKY & COMPANY CPA PA		A A	-
Name		R-8 R-8 RASSE	·peni
169 EAST FLAGLER'S	TREET SUITE # 1620		7
Florida street a	ddress (P.O. Box NOT acceptable)	LOS IN INC.	#1 ···
MIAMI	_{RL} 33131	- REF	
City, 1	State, and 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 gs-provided for in Chapter 608, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Mounter(s):
The name and address of each Manager or Managing Member is as follows:

<u>Title:</u>	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
MGRM	ERIC GLINSKY
•	895 WEST 47TH STREET MIAMI BEACH, FLORIDA 33140
MGRM	MICHAEL GLINSKY
	1000 VENETIAN WAY TH-109
	MIAMI, FLORIDA 59139
	APR
	SSEE - 8
	OR DE LO
(Use attachment if necessary)	
	date of filing: (OPTIONAL) e specific and cannot be more than five business days prior
B 9	•
<u>REQUIRED</u> SIGNATURE:	
	Take-
Signature of a membe	er or an authorized representative of a member.
(In accordance with section 608	4.408(3), Florida Statutes, the execution of this document

Typed or printed name of signee

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

\$ 30.00 Certified Copy (Optional)

Piling Fees:

\$ 5.00 Certificate of Status (Optional)

constitutes a third degree felony as provided for in s.817.155, P.S.)

constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State

MICHAEL GLINSKY