

L17000147199

(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:

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M. MOON
JUL 10 2017

SUNSHINE CORPORATE FILING OF FLORIDA, INC.

3458 Lakeshore Drive

Tallahassee, Florida 32312

(850) 656-4724

Toll Free: 844-541-6792

DATE: 7-10-17

WALK IN

ENTITY NAME: Empire Belle Glade
Florida LLC

DOCUMENT # _____

****PLEASE FILE THE ATTACHED AND RETURN:****

X Plain Copy
_____ Certified Copy

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY:****

_____ Certified Copy of Arts & Amendments
_____ Certificate of Good Standing

17 JUL 10 PM 1:55

****APOSTILLE' /NOTARIAL CERTIFICATION:****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL \$ OWED: 12500
CHECK #: (see credit)

Please call Tina at the above number for any issues or concerns. Thank you so much!

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Empire Belle Glade Florida LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michael S. Pearlstein
Name of Person

Empire Realty Investments Inc.
Firm/Company

3901 Manayunk Avenue Suite 103
Address

Philadelphia, PA 19128
City/State and Zip Code

empiremsp@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael S. Pearlstein 215 514-7597
Name of Person at (Area Code) Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$150.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & Certified Copy (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 of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

47 JUN 10 PM 1:55
SERIALIZED FILE
OFFICE OF THE CLERK

ARTICLE IV
Continued

AMBR

Norman Fleekop
7952 Talavera Place
Del Ray, FL 33446

RECEIVED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
17 JUL 10 PM 1:55

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Empire Belle Glade Florida 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:

3901 Manayunk Avenue
Suite 103
Philadelphia, PA 19128

3901 Manayunk Avenue
Suite 103
Philadelphia, PA 19128

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:

Registered Agent Solutions, Inc.
Name

155 Office Plaza Drive, Suite A
Florida street address (P.O. Box NOT acceptable)

Tallahassee Florida 32301
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.

By: Richard Oroya
Registered Agent Solutions, Inc
Registered Agent's Signature (REQUIRED)

(CONTINUED)

17 JUL 10 PM 1:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Mr

Name and Address:

Michael S. Pearlstein
1235 Farview Road
Villanova, PA 19085

AMBR

Dr. Chuck Winkelman
7908 Glen Nevis Terrace
Boca Raton, FL 33496

AMBR

Dr. Susan Bloom
7908 Glen Nevis Terrace
Boca Raton, FL 33496

AMBR

Kenneth Fleckop
237 South 18th Street Unit 16A
Philadelphia, PA 19103

(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.8:7.155, F.S.

Lynn Sturdivant, authorized representative

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)

FILED
SECRETARY OF STATE
17 JUL 10 PM 1:55