## L19000238748

(Req	uestor's Name)			
(Add	ress)	<del></del>		
(Add	ress)			
(City	/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bus	iness Entity Nan	ne)		
(Document Number)				
Certified Copies	Certificates	of Status		
Special Instructions to F	iling Officer:			
W19-878	82			
	Office Use Onl			



400333458164

09/20/19--01022--001 \*\*125.00



2019 OCT -2 AM LOS 23

## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Longleaf Florida, LLC		
,	<del>-</del> .	
	<u> </u>	
		Art of Inc. File
<del></del>		LTD Purtnership File
		Foreign Corp. File
		L.C. File
		Fictitious Name File
		Trade/Service Mark
		Merger File
		Art. of Amend. File
		RA Resignation
		Dissolution / Withdrawal
		Annual Report / Reinstatement
		Cert. Copy
		Photo Copy
		Certificate of Good Standing
		Certificate of Status
		Certificate of Fictitious Name
		Corp Record Search
		Officer Search
		Fictitious Search
Signature	Fictitious Owner Search	
Ü		Vehicle Search
	<del></del>	Driving Record
Requested by: Seth	10/02/19	UCC 1 or 3 File
Name	Date Time	UCC 11 Search
		UCC    Retrieval
Walk-In Thom seville, GA &	Will Pick Up	Courier

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liabil	lity Company is:					
(Must cor	Longleaf Florida, LLC (Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")					
ARTICLE II - Address: The mailing address and street		, ,	·			
Principal Office Address:			Mailing Address:			
17 Copperbeech Lane Lawrence, NY 11559			17 Copperbeech Lane Lawrence, NY 11559			
ARTICLE III - Registered Ag (The Limited Liability Compan another business entity with an The name and the Florida stree	y cannot serve as its own active Florida registration t address of the registered	Registered Agent. n.) agent are:		ridual or		
	Blalock Walters, P.A	Name				
		Name				
	802 11th St.					
	Florida street address (P.O. Box NOT acceptable)					
	Bradenton	FL	34205			
	City	State	Zip			
Having been named as registered place designated in this certificate further agree to comply with the p am familiar with and accept the o	e, I hereby accept the appo provisions of all statutes re obligations of my position	ointme <del>nt as reg</del> ister Mating to the prope	ed agent and agree to act in and complete performance as provided for in Chapter 6	this capacity. I of my duties, and I		
		(CONTINUED)				

7819 OCT -2 AH 18: 25

## The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: "AMBR" = Authorized Member "MGR" = Manager MGR Avram Weissman 17 Copperbeech Lane Lawrence, NY 11559 (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.

Filing Fees:

Typed or printed name of signee

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

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)