

Division of Corporations

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Florida Department of State
Division of Corporations
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Fax Number : (850)617-6381

From:

Account Name : SIEGFRIED, KIPNIS, RIVERA, LERNER, DE LA TORRE MOCARSKI PA
Account Number : 076424000767
Phone : (305)442-3334
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: fcatalano@siegfriedrivera.com

FLORIDA LIMITED LIABILITY CO.
16091 TUSCANY LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

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COVER LETTER

**TO: Registration Department
Division of Corporations**

**SUBJECT: 16091 TUSCANY 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:

John Catalano, Esq.
Siegfried Rivera
201 Alhambra Circle, 11th Floor
Coral Gables, Florida 33134
Jcatalano@siegfriedrivera.com

For further information concerning this matter, please call:

John Catalano, Esq. Telephone: 305-442-3332

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ARTICLE I – NAME:

The name of the Limited Liability Company is: 16091 Tuscany LLC.

ARTICLE II – ADDRESS:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

410 Mark Lane
River Vale, NJ 07675

Mailing Address:

410 Mark Lane
River Vale, NJ 07675

ARTICLE III – REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENT’S SIGNATURE

The Name and the Florida Street address of the Registered Agent is SKRLD, INC., 201 Alhambra Circle, 11th Floor, Coral Gables, Florida 33134.

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.



John Catalano, Registered Agent
Florida Bar No.: 19088

ARTICLE IV – MANAGER/DIRECTORS

Title:

MGR

Name and Address

AVI HORT
410 Mark Lane
River Vale, NJ 07675

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REQUIRED SIGNATURE:



Signature of a member or authorized representative of a member

{In accordance with section 605.0203(1) (b), Florida Statutes, the execution of this document 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 constitutes a third degree felony as provided for in s.817.155.F.S.)

JOHN CATALANO
Type or printed name of signee

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