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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : RABIDEAU KLEIN Account Number : I20200000035 Phone : (561)655-6221 Fax Number : (561)655-3221

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

Email Address:

## FLORIDA LIMITED LIABILITY CO.

194 Almeria Road, LLC

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

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## **COVER LETTER**

	lew Filing Sectio Division of Corpo					
econo co	194 Almeria I	Road, LLC				
SUBJECT	ı:	Name of L	imited Liabi	lity Company		
The enclo	sed Articles of Or	ganization and fcc(3) s	are submitted	for filing.		
Please rett	ım all correspond	ence concerning this n	natter to the	following:		
	David Klein, E	şq	•			
			Name of	Person		<b></b>
	Rabideau Klein					
			Firm/Co	ompany		
	440 Royal Palm	way, Suite 101				
	•		Add	ress -		
	Palm Beach, FI	_ 33480				
			City/State ar	nd Zip Code		
	dklein@rabideau			<del></del>	<del> </del>	
	E-n	nail address: (to be use	d for future :	annual report notatical	tion)	
For further	information conce	rning this matter, plea	se call:			
	David Klein	at (	<b>5</b> 61	655-6221		
	Name 0		Area Code	Daytime Telephor	ne Number	
Enclosed i	is a check for the :	following amount:				
量\$125.00		IS130.00 Filing Fee & Certificate of Status	Certifi	5.00 Filing Fee & led Copy al copy is enclosed)	☐\$160.00 Filin Certificate of St Certified Copy (additional copy is	atus & enclosed)
	Mailing A	address		Street Address		ALL.
	New Filin	g Section		New Filing Section D		÷ .
	Division o	of Cornorations		The Centre of Tallah	95566	; · _

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 1 MAR 31 PM 3: 09

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

194 Almeria Road, LLC	
(Must contain the words "Limited Liability	ty Сотралу, "L.L.C.," or "LLC.")
Principal Office Address:	Mailing Address
104 West 80th Street, Apt. RB	P.O. Box 178
New York, NY 10024	New York, NY 10024

The name and the Florida street address of the registered agent are:

David Klein, Esq.		
	Name	
440 Royal Palm W	ay, Suite 101	
Florida street addre	ess (P.O. Box <u>NOT</u> a	cceptable)
Palm Beach	FL	33480
City	State	Zin

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

2021 MAR 31 PM 3: 09

ARTICLE IV-

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#GR ]	104 West 80th Street, Apt. RB
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	104 West 80th Street, Apt. RB
	New York, NY 10024
e attachment if necessary)	
ve date is listed, the date must be specific ling.) date inserted in this block does not meet t	ing: (OPTIONAL)  and cannot be more than five business days prior to or 90 d  the applicable statutory filing requirements, this date will not be
t's effective date on the Department of St	ate's records.
T: Other provisions, if any.	
OUIRED SIGNATURE:	
C'anan market	
Signature of a membe	r or an authorized representative of a member.
This document is executed in	accordance with section 605.0203 (1) (b), Florida Statutes.
This document is executed in I am aware that any false info	a accordance with section 605.0203 (1) (b), Florida Statutes, remation submitted in a document to the Department of State only as provided for in s.817.155, F.S.
This document is executed in I am aware that any false info	a accordance with section 605.0203 (1) (b), Florida Statutes.  rmation submitted in a document to the Department of State

Filing Fees:

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

\$ 30.00 Certifled Copy (Optional) \$ 5.00 Certificate of Status (Optional) 1021 MAR 31 PM 3: 09