

L21000252177

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (950) 617-6381

From: Account Name : FILE RIGHT LLC
Account Number : I20170000091
Phone : (718) 878-5811
Fax Number : (718) 732-4580

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

Email Address: sales@fileacorp.com

FLORIDA LIMITED LIABILITY CO.
TAKE IT EZ LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

SECRET
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

21 MAY 28 PM 4: 43

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2021 MAY 28 PM 1: 49

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: TAKE IT EZ 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:

Name of Person: FILE RIGHT LLC
Firm/Company:
Address: 5314 16TH AVENUE SUITE 139
City/State and Zip Code: BROOKLYN, NY 11204
E-mail address: sales@fileacorp.com

For further information concerning this matter, please call:

RACHEL at (718) 878-5811
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- Selected: \$125.00 Filing Fee
Other options: \$130.00 Filing Fee & Certificate of Status, \$155.00 Filing Fee & Certified Copy, \$160.00 Filing Fee, Certificate of Status & Certified Copy

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

StreetAddress
New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

fax reference H21000214221 3

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

TAKE IT EZ 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:

1107 LINCOLN STREET
HOLLYWOOD, FL 33019

1107 LINCOLN STREET
HOLLYWOOD, FL 33019

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:

YOSEF RABINOVITZ
Name

1107 LINCOLN STREET
Florida street address (P.O. Box **NOT** acceptable)

HOLLYWOOD FL 33019
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..

/s/ Yosef Rabinovitz
Registered Agent's Signature (REQUIRED)

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fax reference H21000214221 3

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

YOSEF RABINOVITZ

1107 LINCOLN STREET

1107 LINCOLN STREET

AMBR

MENACHEM HOLTZBERG

1107 LINCOLN STREET

1107 LINCOLN STREET

(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:

/s/ Yosef Rabinovitz

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.

YOSEF RABINOVITZ

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
21 MAY 28 PM 4:43
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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)