

LA 000327642

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

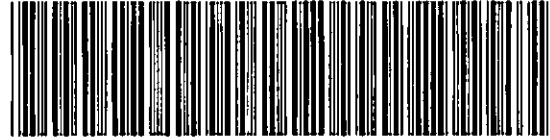
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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07/15/21--01020--005 **130.00

21 JUL 15 AM 12:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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337/19/21

SEEGEL LIPSHUTZ LO
& MARTIN

ATTORNEYS
AT LAW

Wellesley Office Park / 30 William Street, Suite 200 / Wellesley, MA 02481
P (781) 431-7700 / F (781) 431-7701 / www.sllm-law.com

July 6, 2021

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

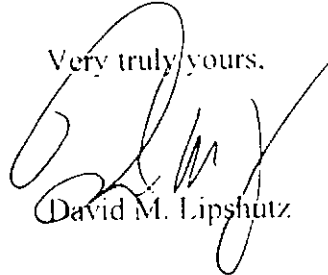
Re: Formation of LLC – Twenty Narragansett Avenue, LLC

Dear Sir/Madam:

Enclosed for filing please find Articles of Organization for Twenty Narragansett Avenue, LLC along with a check in the amount of \$130.00 made payable to the Florida Department of State. Once the Articles of Organization have been filed, please forward a Certificate of Status to my attention at the above address.

Thank you for your attention to this matter.

Very truly yours,



David M. Lipshutz

Enclosures

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STATE OF FLORIDA
TALLAHASSEE, FL 32314

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: Twenty Narragansett Avenue, 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:

Jon D. Rabinowitz

Name of Person

Firm/Company

36 Tenafly Road

Address

Tenafly, NJ 07670

City/State and Zip Code

jmrab3@outlook.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jon D. Rabinowitz

201

568-9694 970 5327

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

\$125.00 Filing Fee

\$130.00 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
266 Executive Center Circle
Tallahassee, FL 32301

STATE OF FLORIDA
TALLAHASSEE, FL 32301

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Twenty Narragansett Avenue, 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:

2228 NW 62nd Drive

Boca Raton, FL 33496-3509

2228 NW 62nd Drive

Boca Raton, FL 33496-3509

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:

Susette R. Rabinowitz

Name

2228 NW 62nd Drive

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

Boca Raton

FL

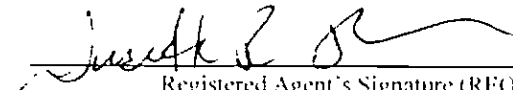
33496

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.


Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FLORIDA

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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

Jon D. Rabinowitz

36 Tenatly Road

Tenafly, NJ 07670

(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.

Jon D. Rabinowitz, Trustee

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)

21 JUL 15 AM 12:33
FILED
DELAWARE SECRETARY OF STATE