## L21000521513

(Requestor's Name)	
(ivequestor's rvaille)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
(Bocument Namber)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
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Office Use Only



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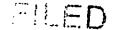
CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195
REFERENCE : 293485 8334108
AUTHORIZATION: Spelle de man
COST LIMIT : \$ 125'.00
ORDER DATE : December 10, 2021
ORDER TIME : 2:22 PM
ORDER NO. : 293485-010
CUSTOMER NO: 8334108
DOMESTIC FILING
NAME: 124 NE 2ND AVENUE REALTY, LLC
EFFECTIVE DATE:
ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP XX ARTICLES OF ORGANIZATION
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY
XX PLAIN STAMPED COPY  CERTIFICATE OF GOOD STANDING
CONTACT PERSON: Alexxis Weiland - EXT.

EXAMINER'S INITIALS:

## COVER LETTER

	New Filing S Division of C	Section Corporations			
SUBJECT	124 NE Γ:	2nd Avenue Realty, L	LC		
	· ·	Name	of Limited Liab	ility Company	· · · · · · · · · · · · · · · · · · ·
The enclos	sed Articles	of Organization and fe	ec(s) are submitte	ed for filing.	
Please retu	ım all corres	spondence concerning	this matter to the	following:	
	Kristina H	oshovsky			
			Name o	f Person	
	M Manage	ment, Inc			
			Firm/C	отралу	
	215 Coles	Street			
			Add	ress	
	Jersey City	, NJ 07310			
	hosbovsky/	②mmgmt.net	City/State ar	d Zip Code	
_		E-mail address: (to be	used for future a	unnual report notifica	tion)
For further in		oncerning this matter,		•	,
1	Kristina Hos		201 at (	798-4710	
	Nan	ne of Person		Daytime Telephor	ne Number
Enclosed is a	a check for t	he following amount:			
□\$125.00 F	iling Fee	☐\$130.00 Filing F Certificate of Statu	s Certifie	i.00 Filing Fee & ed Copy I copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		g Address	<u> </u>	Street Address	
		iling Section on of Corporations		New Filing Section Di The Centre of Tallaha	
		ox 6327		415 N. Monroe Stree	
	Tallaha	issee, FL 32314		allahassee, FL 3230	



## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY 2021 U.S.C. 10 AM 11: 51

ARTICLE I - Name: The name of the Limited Liability	Company is:			SECRETARY OF STA
124 NE 2nd Avenue R	asla: LLC			ramace, Fi
		d Liability Comp	any, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street add			,	
<u>Principal</u>	Office Address:		Mailing Ad	ldress:
	in 210		10 West Ct. 1 . Ct. Ct	210
19 West Flagler St., Su	116 310		19 West Flagler St., Suite 3	710
Miami, FL 33130 Attention: Property Man	nagement	<del></del> -	Miami, FL 33130 Attention: Property Manag	
Miami, FL 33130 Attention: Property Mar  ARTICLE III - Registered Agent The Limited Liability Company ca	nagement , Registered Office,	& Registered A	Miami, FL 33130 Attention: Property Manage	ement
Miami, FL 33130 Attention: Property Man ARTICLE III - Registered Agent The Limited Liability Company can nother business entity with an acti	nagement , Registered Office, nnot serve as its own ve Florida registration	, & Registered Age on.)	Miami, FL 33130 Attention: Property Manage	ement
Miami, FL 33130 Attention: Property Man ARTICLE III - Registered Agent The Limited Liability Company can nother business entity with an acti the name and the Florida street add	nagement , Registered Office, nnot serve as its own ve Florida registration	, & Registered A n Registered Age on.)	Miami, FL 33130 Attention: Property Manage	ement
Miami, FL 33130 Attention: Property Man ARTICLE III - Registered Agent The Limited Liability Company canother business entity with an acti The name and the Florida street add	nagement , Registered Office, nnot serve as its own ive Florida registration of the registered	, & Registered A n Registered Age on.)	Miami, FL 33130 Attention: Property Manage	ement
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Miami, FL 33130 Attention: Property Mar  ARTICLE III - Registered Agent The Limited Liability Company canother business entity with an acti the name and the Florida street add	nagement , Registered Office, nnot serve as its own ive Florida registration lress of the registered Corporation Service	e Registered And Registered Age on.)  d agent are:  Company  Name	Miami, FL 33130 Attention: Property Manage Agent's Signature: ent. You must designate an	ement
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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..

Corporation Service Gompany

(CONTINUED)

Registered Agent's Signature (REQUIRED)

as

"AMBR" = Authorized Member	
"MGR" = Manager	
AMBR	Boyce Road Properties, LLC
	c/o M Management, Inc.
	215 Coles Street, Jersey City, NJ 07310
	725
	`ri
	print.
	······································
fective date is listed, the date must be of filing.)	
LE V: Effective date, if other than the offective date is listed, the date must be of filing.)	e specific and cannot be more than five business days prior to or 90 ot meet the applicable statutory filing requirements, this date will not
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LE V: Effective date, if other than the offective date is listed, the date must be of filing.)  If the date inserted in this block does nument's effective date on the Department.  E VI: Other provisions, if any.  REOURED SIGNATURE:  Signature of a This document is exe I am aware that any faconstitutes a third deg	e specific and cannot be more than five business days prior to or 90 ot meet the applicable statutory filing requirements, this date will not ent of State's records.  member of an authorized representative of a member. cuted in accordance with section 605 0203 (1) (b). Florida Statutes
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\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certified Copy (Optional)

S 5.00 Certificate of Status (Optional)

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

ARTICLE IV-