## L22000017296

(Requestor's Name)
(Address)
(Address)
(7.001000)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(2002)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



300379454633

111

## FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301

PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

1/14/2022

NAME:

SHADOW MOUSE, L.L.C.

TYPE OF FILING: ARTICLES

COST:

125.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

ARTICLES OF ORGANIZATION FOR FL	ORIDA LIMITED LIABILITY COMPANY
RTICLE I - Name:	
ne name of the Limited Liability Company is:	
SHADOW MOUSE, L.L.C.	
<del>-</del>	iability Company, "L.L.C.," or "LLC.")
	ce of the Limited Liability Company is:
RTICLE II - Address: the mailing address and street address of the principal office  Principal Office Address:	ce of the Limited Liability Company is:  Mailing Address:
he mailing address and street address of the principal office	
he mailing address and street address of the principal office Address:	Mailing Address:
he mailing address and street address of the principal office Principal Office Address:  305 Short Hills Ave	Mailing Address: 305 Short Hills Ave
he mailing address and street address of the principal office Principal Office Address:  305 Short Hills Ave	Mailing Address:  305 Short Hills Ave Springfield, NJ 07081

BlumbergExcelsior Corporate Services, Inc.

Name

155 Office Plaza Drive, 1st Fl.

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

TALLAHASSEEFL32301CityStateZip

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..

Tose Mojica, Assistant Secretary
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2



Al	₹T	ICI	_E	I٧٠
----	----	-----	----	-----

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

. . . .

	<u>Title:</u> "AMBR" = Authorized Men	Name and Address: per
	"MGR" = Manager MGR	Mee K Hwang
		Springfield, NJ 07081
	MGR	Joseph C Senatore 305 Short Hills Ave
		Springfield, NJ 07081
	(Use attachment if necessary	
lf an eff he date - <u>Note:</u> H	ective date is listed, the date of filing.)	an the date of filing: (OPTIONAL)  nust be specific and cannot be more than five business days prior to or 90 days after  does not meet the applicable statutory filing requirements, this date will not be listed as epartment of State's records.
	LE VI: Other provisions, if any	epartment of State & records.
	REOUIRED SIGNATURE	Mee & Hwang
	This docume I am aware t	tre of a member or an authorized representative of a member.  It is executed in accordance with section 605.0203 (1) (b), Florida Statutes, at any false information submitted in a document to the Department of State hird degree felony as provided for in s.817.155, F.S.
		II.

Filing Fees:

Typed or printed name of signee

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

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)