**Electronic Filing Cover Sheet** 

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000037284 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

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

\*\*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.

## 208 5303 LLC Certificate of Status Certified Copy 0 03

Page Count \$125.00 Estimated Charge

Electronic Filing Menu Corporate Filing Menu

Help

To: +18506176383 Page: 2 of 4

2022-01-28 17:33:33 GMT

17187959036

From: Mark Fuchs

Fax Reference: H22000037284 3

## **COVER LETTER**

	lew Filing Section Division of Corporations	
SUBJECT	208 5303 LLC	
SOBJEC	f:Name of Lir	nited Liability Company
The enclos	sed Articles of Organization and fee(s) ar	e submitted for filing.
Please rett	urn all correspondence concerning this ma	atter to the following:
		Name of Person
	FILE RIGHT LLC	
		Firm/Company
	5314 16TH AVENUE SUITE 139	
		Address
	BROOKLYN, NY 11204	
	sales@fileacorp.com	Tity/State and Zip Code
	E-mail address: (to be used	for future annual report notification)
For further	information concerning this matter, pleas	e call;
	Sara	718 878-5811
		rea Code Daytime Telephone Number
Enclosed	is a check for the following amount:	
\$125,001	Filing Fee S130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
	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

17187959036

From: Mark Fuchs

Fax Reference: H22000037284 3

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE 1 - Name: The name of the Limited Liability Company is: 208 5303 LLC (Must contain the words "Limited Liability Company, "L.I.,C.," or "LLC.") ARTICLE H - Address: The mailing address and street address of the principal office of the Limited Liability Company is: Mailing Address: Principal Office Address: 4217 DRISTOL AVENUE 4217 DRISTOL AVENUE SPRING HILL, FL 34609 SPRING HILL, FL 34609 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:

נאטנ	YY I, FIGUEROA	
	Name	
4217 DRISTOL AVE	NUE	
Florida street address	(P.O. Box <u>NOT</u> ac	cceptable)
SPRING HILL	FL_	34609
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, Thereby 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/ Jenny I. Figueroa
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Fax Reference: H220C0037284 3

Paga; 4 of 4

2022-01-28 17:33:33 GMT

17187959036

From: Mark Fuchs

Fax Reference: H22000037284 3

Title:		Name and Address:
	horized Member	
"MGR" = Mana	iger	JENNY I. FIGUEROA
MGR		4217 DRISTOL AVENUE
		SPRING HILL, FL 34609
<del></del> -		
CLE V: Effective	date, if other than the date of	filling:(OPTIONAL)
effective date is list te of filing.) If the date inserte	ited, the date must be speci d in this block does not med	ific and cannot be more than five business days prior to or 90 of the applicable statutory filing requirements, this date will not
effective date is lisuate of filing.)  1 If the date inserte ocument's effective	sted, the date must be speci d in this block does not med date on the Department of	ific and cannot be more than five business days prior to or 90 of the applicable statutory filing requirements, this date will not
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- \$ 5.00 Certificate of Status (Optional)