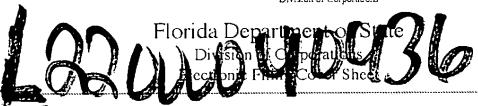
2/3/22, 4:02 PM

Division of Corporations



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.

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To: Division of Corporations Fax Number : (850)617-6381 From: Account Name : LONG LAW, P.A. Account Number : I20200000163 Phone : (239)400-2060 Fax Number : (866)929-0535

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

Email Address:

## FLORIDA LIMITED LIABILITY CO. EASTGATE FL 26 INVESTMENTS, LLC

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

T. SCOTT

FEB 04 2022

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## COVER LETTER

TO:	New Filing Sect Division of Cor				
SUBJE		E FL 26 INVESTM	MENTS, LLC		
30187	C1.	Nam	e of Limited Liz	ability Company	<del></del>
The enc	losed Articles of	Organization and f	ee(s) are submi	sted for filing.	
Please r	eturn all correspo	ndence concerning	this matter to t	he following.	
	KEITH E LO	ONG			
	<del></del>		Name	of Person	
	LONG LAW	, P.A.			
			Firm	/Company	
	1306 SE 46T	TH LN SUITE 1			
			A	ddress	
	CAPE CORA	NL, FL 33904			
	K ELTH@LON	GLAWFL.COM	City/Stat	e and Zip Code	
			be used for futu	re annual report notificati	ion)
For furth	er information co	ncerning this matte	er, please call:		
	KEITH LON	G	239	4002060	
	Nam	e of Person	_at (at Cod	Daytime Telephon	e Number
Enclose	ed is a check for the	ne following amou	nt.		
	3.00 Filing Fee	□\$130.00 Filin Certificate of \$6	g Fee & 🗆 atus Ce	\$155.00 Filing Fee & rtified Copy tional copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	New F Division P.O. B	ng Address illing Section on of Corporations ox 6327 assec, FL 32314		Street Address New Filing Section D The Centre of Tallah: 2415 N. Monroe Stre Tallahassee, FL 3230	assee et Suite 810

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

. Ettlettiyor onthe digition i onthe house	
ARTICLE I - Name: The name of the Limited Liability Company is:	
EASTGATE FL 26 INVESTMENTS, LLC (Must contain the words "Limited Liability C	ompany, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the	a Limited Liability Company is:
Principal Office Address:	Mailing Address:
19642 TROPHY DR.	7351 VALENCIA DR.
BOCA RATON, FL 33498	BOCA RATON, FL 33433
ARTICLE III - Registered Agent, Registered Office, & Register (The Limited Liability Company cannot serve as its own Registere another business entity with an active Florida registration.)	ered Agent's Signature: d Agent. You must designate an individual or
The name and the Florida street address of the registered agent are	:
LONG LAW, P.A. Name	<del></del>
1306 SE 46TH LN. STE 1	

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..

City

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

KCATH LONG
Registered Agent's Signature (REQUIRED)

(CONTINUED)

22 FEB -3 PM 12: 43

Title: "AMBR" - Authorized Member "MGR" - Manager	Name and Address:
<u>MGR</u> _	EDWARD M LEVY 7351 VALENCIA DR. BOCA RATON, FL 33433
MGR	ISAAC LEVY 293 PARK TERRACE LONG BRANCH, NJ 07740
(Use attachment if necessary)  CLE V: Effective date, if other than the	date of filing (OPTIONAL)
CLE V: Effective date, if other than the effective date is listed, the date must be of filing.)	date of filing (OPTIONAL)  be specific and cannot be more than five business days prior to or 90 da  not meet the applicable statutory filing requirements, this date will not be ment of State's records.
LEV: Effective date, if other than the ffective date is listed, the date must be of filing.) If the date inserted in this block does cument's effective date on the Departr	not meet the applicable statutory filing requirements, this date will not be
CLE V: Effective date, if other than the effective date is listed, the date must be of filing.)  If the date inserted in this block does cument's effective date on the Departre CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:	not meet the applicable statutory filing requirements, this date will not be nent of State's records.
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CLE V: Effective date, if other than the effective date is listed, the date must be of filing.)  If the date inserted in this block does current's effective date on the Departrect.  CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of This document is early constitutes a third defined the constitutes at third defined to the constitutes as the constitutes a	not meet the applicable statutory filing requirements, this date will not be nent of State's records.  CATH LONG  a member or an authorized representative of a member. xecuted in accordance with section 605.0203 (1) (b), Florida Statutes. false information submitted in a document to the Department of State