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Tallhassee, FL 32301 Phone: 850-558-1500 ACCOUNT NO. : I2000000195 466656 7820512 REFERENCE : AUTHORIZATION : COST LIMIT : \$ 125.00 ORDER DATE: February 9, 2022 ORDER TIME : 10:53 AM ORDER NO. : 466656-005 CUSTOMER NO: 7820512 DOMESTIC FILING NAME: 139 EASTPORT ROAD INDUSTRIAL 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

EXAMINER'S INITIALS:

CORPORATION SERVICE COMPANY

CONTACT PERSON: Alexxis Weiland - EXT.

1201 Hays Street

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	w Filing Sec vision of Cor					
cud iver.	139 EASTPORT ROAD INDUSTRIAL LLC					
SUBJECT	Name of Limited Liability Company					
The enclose	d Articles of	Organization and fee(s	are submitted	for filing.		
Please retur	n all correspo	ondence concerning this	s matter to the f	ollowing:		
	SHIBBER A	L KHAN				
	Name of Person					
	C/O CRITEI	RION GROUP				
			Firm/Co	mpany		
	28-18 STEIN	NWAY ST.				
•			Addr	ess		
	Astoria, NY	11103				
•			City/State an	d Zip Code		
<u> </u>		ITERIONGROUP.CO	<del> </del>			
	i	E-mail address: (to be u	ised for future a	nnual report notificati	ion)	
For further in	formation cor	ncerning this matter, pl	ease call:			
NIKON LIMBERIS, ESQ. 516 at (			516	642-4401		
Name of Person Ar		Area Code	Daytime Telephone Number			
Enclosed is	a check for th	ne following amount:				
□\$125.001	Filing Fee	□\$130.00 Filing Fe Certificate of Status	Certific	5.00 Filing Fee & ed Copy al copy is enclosed)	☐\$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	

Mailing Address
New Filing Section Division of Corporations

Street Address New Filing Section Division The Centre of Tallahassee

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
139 EASTPORT ROAD INDUSTRIAL LLC	
(Must conatin the words "Limited Liability	y 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.	** ***
<u>Principal Office Address</u> :	Mailing Address:
C/O CRITERION GROUP	C/O CRITERION GROUP
28-18 STEINWAY ST.	28-18 STEINWAY ST.
ASTORIA, NY 11103	ASTORIA, NY 11103
ARTICLE III - Registered Agent, Registered Office, & Registered Liability Company cannot serve as its own Register another business entity with an active Florida registration.)	stered Agent's Signature: ered Agent. You must designate an individual or
The name and the Florida street address of the registered agent a	are:
Corporation Service Compa	ny
Name	
1201 Have Street	

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..

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

State

Corporation Service Company

Tallahassee

City

(CONTINUED)

Registered Agent's Signature (REQUIRED)

TALLAHASSE

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## ARTICLE IV-

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
AMBR	SHIBBER A. KHAN 28-18 STEINWAY ST. ASTORIA, NY 11103
AMBR	YUNG CHING SIU 28-18 STEINWAY ST. ASTORIA, NY 11103
MGR	INDUSTRIAL STANDARD HOLDINGS CP LLC C/O CRITERION GROUP, 28-18 STEINWAY ST. ASTORIA, NY 11103
<del></del>	
(Use attachment if necessary)	
(If an effective date is listed, the date must the date of filing.)  Note: If the date inserted in this block does the document's effective date on the Depart	be specific and cannot be more than five business days prior to or 90 days after s not meet the applicable statutory filing requirements, this date will not be listed as timent of State's records.
ARTICLE VI: Other provisions, if any,	
REOUIRED SIGNATURE:	Ru s Ch
This document is a Lam aware that an	f a member or an authorized representative of a member. executed in accordance with section 605.0203 (1) (b), Florida Statutes, y false information submitted in a document to the Department of State degree felony as provided for in s.817.155, F.S.
SHIBBER	A. KHAN Typed or printed name of signee
	i vica of primed 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)