# age 1 of<u>-2</u> Division of Corporations orida Department of State

Division of Corporations 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.

(((11220003263603)))



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 : VCORP SERVICES, LLC

Account Number : 120080000067 Phone : (845)425-0077

Fax Number : (845)818-3588

\*\*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. **INAM LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Page: 2 of 3

ANTICIALIO	())((E4 (1231))()(1)()(		A PARTITION OF CONTRACT OF CON	
ARTICLE 1 - Name:				
The name of the Limited Liabilit	y Company is:			
INAM LLC				<del></del>
(Must cont	ain the words "Limited	Liability Compan	y, "L.L.C.," or "LLC.")	
ARTICLE II - Address:				
The mailing address and street ac	ldress of the principal o	ffice of the Limit	ed Liability Company is:	
Princip	al Office Address:		Mailing Add	ress:
156 Harborview Nor	ih		6 Harborview North	<del></del>
Lawrence, NY 11559	<del>)</del>	<u>L</u> a	iwrence, NY 11559	
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a	cannot serve as its own	Registered Agen		
The name and the Florida street	address of the registered	l agent are:		2022 SEP 21 AK 11: 50
	Veorp Services, LLC	•	<u> </u>	SEI
		מיוואל		SEP 21
	5011 South State Ro	ad 7, Suite 106		388
Florida street address (P.O. Box NOT acceptable)				<u> </u>
	Davie	Fl,	33314	- F
	G <sub>V</sub>	State	Zip	50 RIO RIO

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 Fis 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 Clapto: 605, ES

> المستعلق مستطيع Registered Agent's Signature (TEQUINED)

> > (CONTINUED)

### ARTICLE IV-

To: FL DIVISION OF CORPORATIONS

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

Title:	Name and Address:		
"AMBR" = Authorized Memb	cı		
"MGR" = Manager			
AMBR	Shoshana Ostreicher		
Aldin	156 Harborview North		
	Lawrence, NY 11559		
	7 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		
AMBR	Marc Jason Ostreicher		
	156 Harborview Norta		
	Lawrence, NY 11559 7: 2		
	S		
	The Reserved Property of the Party of the Pa		
	RIVE ORDE		
	· · · · · · · · · · · · · · · · · · ·		
	50.0		
	·•·		
f an effective date is listed, the date made date of filing.)  Note: If the date inserted in this block the document's effective date on the De	to the date of filing		
RTICLE VI: Other provisions, if any.			
REOURED SIGNATURE:	~ J. J.		
This documen I am aware tha	re of a member or an authorized representative of a member.  t is executed in accordance with section 605.0203 (1) (b), Florida Statutes.  t any false information submitted in a document to the Department of State  and degree felony as provided for in s.817.155, F.S.		
Mara Is	ason Ostreicher		
<u>iviaic_12</u>	Typed or printed name of signee		
	1 3pea or printed hance of signice		

#### 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)