## L22000478105

(Re	questor's Name)	
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PłCK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



300394724333

S. CHATHAM



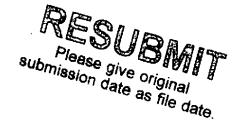
## COVER LETTER

то:	New Filing Sec Division of Cor						
SUBJE	CT:	425 Belvedere R	oad DF L	IC.			
		Nar	ne of Lim	ited Liabilit	y Company	,	
The end	closed Articles of	Organization and	fee(s) are	submitted	or filing.		
Please	return all correspo	ondence concernir	ig this mai	tter to the fo	llowing:		
			Roc	ckia Couliba Name of I			
				Name of t	rerson		
			York Ca	apital Mana			
				Firm/Con	npany		
		1330	) Avenue	of the Amei	ricas, 20th F	Floor	
				Addre	\$S		
			New Yo	rk, NY 100	19		
				ty/State and			
				y@yorkcap			
	I	E-mail address: (to	be used t	for future ar	inual report	notificat	ion)
or furth	er information co	ncerning this matt	er, please	call:			
	Rockia (	Coulibaly	at (	212	796-10	)39	
	Nam	e of Person	Ar	ea Code	Daytime	Telephon	e Number
Enclose	ed is a check for the	he following amou	int:				
□\$125	5.00 Filing Fee	□\$130.00 Filir Certificate of S		Certifie	.00 Filing F d Copy I copy is en		□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	<u>Mailin</u>	g Address		<u>s</u>	treet Addr	ess	
		iling Section			lew Filing S he Centre		
		on of Corporations ox 6327	i				issee et, Suite 810
		accee El 32314			allahassee		



November 8, 2022

CORPORATION SERVICE COMPANY



SUBJECT: 425 BELVEDERE ROAD DF L.L.C.

Ref. Number: W22000140705

We have received your document for 425 BELVEDERE ROAD DF L.L.C.. However, the document has not been filed and is being returned for the following:

Your document is being returned as requested.,

If you have any further questions concerning your document, please call (850) 245-6052.

Summer Chatham Regulatory Specialist II New Filing Section

Letter Number: 022A00025013

Tallhassee, FL 32301 Phone: 850-558-1500 ACCOUNT NO. : I2000000195 REFERENCE : 118540 AUTHORIZATION : COST LIMIT : ORDER DATE: November 7, 2022 ORDER TIME : 2:50 PM ORDER NO. : 118540-005 CUSTOMER NO: 8258587 DOMESTIC FILING NAME: 425 BELVEDERE ROAD DF L.L.C. EFFECTIVE DATE: \_ ARTICLES OF INCORPORATION \_\_\_\_ CERTIFICATE OF LIMITED PARTNERSHIP XX \_\_\_ ARTICLES OF ORGANIZATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: \_ CERTIFIED COPY

EXAMINER'S INITIALS:

CORPORATION SERVICE COMPANY

\_\_\_\_ PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker - EXT.

1201 Hays Street

## AKTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	425 Belvedere Road DF	L.L.C.	
(Must c	onatin the words "Limited	l Liability Compa	any, "L.L.C.," or "LLC.")
RTICLE II - Address: the mailing address and street	et address of the principal	office of the Lim	ited Liability Company is:
Prin	cipal Office Address:		Mailing Address:
425 Belved	ere Road		425 Belvedere Road
West Palm	Beach, FL 33405		West Palm Beach, FL 33405
PTICLE III Projectore de	A A Domintour of Office	C Daniutanada	
ARTICLE III - Registered The Limited Liability Comp nother business entity with The name and the Florida stro	any cannot serve as its ow an active Florida registrati cet address of the registere	n Registered Age ion.) ed agent are:	Agent's Signature: ent. You must designate an individual or
The Limited Liability Comp nother business entity with	any cannot serve as its ow an active Florida registrati	n Registered Age ion.) ed agent are:	
The Limited Liability Comp nother business entity with	any cannot serve as its ow an active Florida registrati cet address of the registere	n Registered Age ion.) ed agent are: e Company	
The Limited Liability Comp nother business entity with	any cannot serve as its ow an active Florida registrati eet address of the registere Corporation Service	m Registered Age ion.) ed agent are: e Company Name	ent. You must designate an individual or
The Limited Liability Comp nother business entity with	any cannot serve as its ow an active Florida registrati eet address of the registere <u>Corporation Service</u> 1201 Hays Street	m Registered Age ion.) ed agent are: e Company Name	ent. You must designate an individual or

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..

Corporation Service Company

(CONTINUED)

## ARTICLE IV-

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

Title:		Name and Address:	
"AMBR" = Autho			
"MGR" = Manage			
MGR		Michael Dinan	<u> </u>
		520 Island Dr	1/2
		Palm Beach, FL 33480	ر
AMBR		Michael Zhang	1
	<del></del>	1330 Avenue of the Americas, 20th Floor	~
		New York, NY 10019	<u>—</u> [:
			— <u>ټ</u>
AMBR		Brian Traficante	۲۳ دع
		1330 Avenue of the Americas, 20th Floor	_ 등
		New York, NY 10019	
		····	
			<del></del>
e of filing.) If the date inserted in cument's effective da CLE VI: Other provis	e on the Department o	eet the applicable statutory filing requirements, this date will of State's records.	not be lis
REQUIRED SIG	ATURE:	DocuSigned by:	
	Siamoto. F	nber or an authorized representative of a member.	
Τh	Signature of a men s document is execute	nber or an authorized representative of a member. ed in accordance with section 605,0203 (1) (b), Florida Statute	·c
I a	r aware that any false i	information submitted in a document to the Department of Sta	5.
co	t with a condition of the control of		te
	stitutes a third degree	felony as provided for in s.817.155, F.S.	te
	stitutes a third degree	felony as provided for in s.817.155, F.S.	te
	stitutes a third degree	felony as provided for in s.817.155, F.S.  Brian Traficante	te
	stitutes a third degree	felony as provided for in s.817.155, F.S.	te

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

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