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Florida Department of State
Division of Corporations
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**FLORIDA LIMITED LIABILITY CO.
208 SE 43RD TERRACE LLC**

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From: Alexander England



December 15, 2022

FLORIDA DEPARTMENT OF STATE
Division of Corporations

INTERSTATE FILINGS LLC

SUBJECT: 208 SE 43RD TERRACE LLC
REF: W22000154736

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Florida law requires the principal office address to be a street address.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Genesis R Kersey
OPS Clerk

FAX Aud. #: H22000420389
Letter Number: 622A00028001

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

208 SE 43RD TERRACE LLC

(Must end with the words "Limited Liability 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:Mailing Address:108 IVY HILL RDPO BOX 601WOODMERE, NY 11598CEDARHURST, NY 11516

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:

INTERSTATE AGENT SERVICES, LLC

Name

100 SE 2ND STREET SUITE 2000 #209Florida street address (P.O. Box NOT acceptable)MIAMIFL33131

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, 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.



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV:

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGRM**Name and Address:**DANIEL SPIRAPO BOX 601CEDARHURST, NY 11516______________________________

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records**ARTICLE VI:** Other provisions, if any_____

_____**REQUIRED SIGNATURE:****Signature of a member or an authorized representative of a member.**This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes
I am aware that any false information submitted in a document to the Department of State
constitutes a third degree felony as provided for in s. 817.135, F.S.DANIEL SPIRA

Typed or printed name of signee

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