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IALLAHASSEE, FLORID!

## **COVER LETTER**

	w Filing Section vision of Corporations		
SUBJECT:	Collins Avenue 607 LLC		
SOBJECT.		ne of Limited Liability Comp	any
The enclose	d Articles of Organization and	fee(s) are submitted for filing	<u>(</u> .
Please retur	n all correspondence concerni	ng this matter to the following	:
	Jonathan Kukin, Esq.		
		Name of Person	
	Winne, Banta, Basralian & K	ahn, P.C.	
		Firm/Company	
	21 Main Street, Suite 101		
		Address	
	Hackensack, New Jersey 076	)1	
	lvzeldin@gmail.com	City/State and Zip Co-	de
_		be used for future annual rep	port notification)
For further in	formation concerning this mat	er, płease call:	
	Alex Mason	646 916-04	441
-	Name of Person		me Telephone Number
Enclosed is	a check for the following amo	ınt:	
□\$125.00	Filing Fee		Certificate of Status &
	Mailing Address New Filing Section Division of Corporation P.O. Box 6327	S The Cen	ddress ng Section Division tre of Tallahassee Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ARTICLE II - Address: The mailing address and s	street address of the principal of	fice of the Limited I	liability Company is:	
Principal Office Address:			Mailing Address:	
21 Tonnelier	Way	21 To	onnelier Way	2022 DEC
Denville, New	v Jersey 07834	Denv	ille, New Jersey 07835	7. 6
(The Limited Liability Co another business entity w	red Agent, Registered Office, & ompany cannot serve as its own leath an active Florida registration astroct address of the registered	Registered Agent. Y 1.)		idual or 1 0 mills
(The Limited Liability Co another business entity w	ompany cannot serve as its own leads to an active Florida registration	Registered Agent. Y 1.)		<del>ن پرين -</del>
(The Limited Liability Co another business entity w	ompany cannot serve as its own leads and active Florida registration astreet address of the registered	Registered Agent. Y 1.)		<del>ن پرين -</del>
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(The Limited Liability Co another business entity w	ompany cannot serve as its own leads an active Florida registration street address of the registered <u>Dmitry Zeldin</u>	Registered Agent. Y  i.)  agent are:  Name  vard # 508	ou must designate an indiv	<del>ن پرين -</del>
(The Limited Liability Co another business entity w	ompany cannot serve as its own leath an active Florida registration street address of the registered    Dmitry Zeldin	Registered Agent. Y  i.)  agent are:  Name  vard # 508	ou must designate an indiv	<del>ن پرين -</del>

(CONTINUED)

Registered Agent's Signature (REQUIRED)

ARTICLE IV-

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

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
·	Daving 7-14's
MGR	Dmitry Zeldin 21 Tonnelier Way
	Denville, New Jersey 07834
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(Use attachment if necessary)	
fective date is listed, the date must be of filing.)	ate of filing:
I the date inserted in this block does no iment's effective date on the Departme	of meet the applicable statutory filing requirements, this date will not be
ment's effective date on the Departme	on of State's records.
<b>EVI</b> : Other provisions, if any.	
REQUIRED SIGNATURE:	
REOUIRED SIGNATURE:	
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Signature of a	member or an authorized representative of a member.
Signature of a This document is exe I am aware that any fa	reuted in accordance with section 605.0203 (1) (b). Florida Statutes, alse information submitted in a document to the Department of State
Signature of a This document is exe I am aware that any fa	reuted in accordance with section 605.0203 (1) (b), Florida Statutes.
Signature of a This document is exe I am aware that any fa	recuted in accordance with section 605.0203 (1) (b), Florida Statutes, alse information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S.

as

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)