L23000159186

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
·
PICK-UP WAIT MAIL
(Business Entity Name)
(Basilloss Lillin) vierns)
(Document Number)
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Codificator of Status
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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RECEIVED

2023 APR - 5 PM 4:

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : 120000000195

REFERENCE: 641326 4364791

AUTHORIZATION :

COST LIMIT : \$ 125.00

ORDER DATE: April 5, 2023

ORDER TIME : 1:47 PM

ORDER NO. : 641326-015

CUSTOMER NO: 4364791

DOMESTIC FILING

NAME: 601 CLEMATIS STREET LLC

EFFECTIVE DATE:

ARTICLES OF INCORPORATION _ CERTIFICATE OF LIMITED PARTNERSHIP

ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY ____ PLAIN STAMPED COPY

_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker - EXT.

COVER LETTER

TO:	New Filing Section Division of Corporations				
SUBJ	601 Clematis Street L	LC			
SUBJ.	ECI:	Name of Lin	rited Liabi	lity Company	
The er	closed Articles of Organizati	on and fee(s) are	e submitte	for filing.	
Please	return all correspondence cor	ncerning this ma	itter to the	following:	
	Steven D. Feinstein				
			Name o	f Person	
	Feinstien & Naishtut, L	LP			
			Firm/C	отралу	
	211 South Ridge Street				
			Add	ress	
	Rye Brook, NY 10573				
		C	ity/State a	nd Zip Code	
	cditore@gfnlaw.com	mac: (to be used	for futures	annual report notificati	
				annuai report nottiicati	ion)
hor furti	her information concerning th	is matter, please	call:		
	Steven Feinstein	91 at (4	939-0002 _)	
	Name of Person	ı Aı	rea Code	Daytime Telephon	e Number
Enclos	ed is a check for the following	g amount			
	5.00 Filing Fee □\$130.0	00 Filing Fee & ate of Status	Certif	55.00 Filing Fee & ied Copy nal copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed
	Mailing Address			Street Address	
	New Filing Section Division of Corporation			New Filing Section Di The Centre of Tallaha	
	P.O. Box 6327			2415 N. Monroe Stree	et, Suite 810
	Tallahassee, FL 3	2314		Tallahassee, FL 3230	3

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

601 Clematis Str				
(Must o	conatin the words "Limited	Liability Company, "	'LL.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and stre	et address of the principal of	office of the Limited I	Liability Company is:	
<u>Prir</u>	ncipal Office Address:		Mailing Add	ress:
53 Fullerton Ave	53 Fullerton Avenue		Same as principal	
Yonkers, NY 107	704			
-				
ARTICLE III - Registered (The Limited Liability Comp				idividual or
another business entity with	•	•	ou most droigners an in	
•	-			
The name and the Florida str	reet address of the registere	d agent are:		
The name and the Florida str	_	_		20 St
The name and the Florida str	reet address of the registered	_		2023 A SECCE TALL
The name and the Florida str	Corporation Service	Company		2023 APR SECCLOSIO
The name and the Florida str	Corporation Service	Company	ceptable)	2023 APR -5 SECULIARY
The name and the Florida str	Corporation Service 1201 Hays Street Florida street address	Company Name ss (P.O. Box NOT ac		2023 APR -5 PH
The name and the Florida str	Corporation Service	Company Name	ceptable) 32301 Zip	2023 APR -5 PH 6: SECOLUMN SECOLUMN
	Corporation Service 1201 Hays Street Florida street addres Tallahassee City	Company Name ss (P.O. Box NOT ac FL State	32301 Zip	-5 PH 6:0
The name and the Florida straight for the name and the Florida straight for the name as register place designated in this certification.	Corporation Service 1201 Hays Street Florida street addres Tallahassee City red agent and to accept serv	Company Name SS (P.O. Box NOT ac FL State Since of process for the	32301 Zip above stated limited liab	oility company at the
Having been named as registe place designated in this certific further agree to comply with th	Corporation Service 1201 Hays Street Florida street addres Tallahassee City red agent and to accept servicate, I hereby accept the apple to provisions of all statutes reservices.	Company Name SS (P.O. Box NOT ac FL State sice of process for the pointment as registere relating to the proper	32301 Zip above stated limited liab d agent and agree to act and complete performan	bility company at the in this capacity. I uce of my duties, and I
Having been named as registe place designated in this certific	Corporation Service 1201 Hays Street Florida street address Tallahassee City red agent and to accept servicate, I hereby accept the applie provisions of all statutes received to be obligations of my position	Company Name SS (P.O. Box NOT ac FL State sice of process for the prointment as registere relating to the proper as registered agent ac	32301 Zip above stated limited liab d agent and agree to act and complete performan	bility company at the in this capacity. I uce of my duties, and I
Having been named as registe place designated in this certific further agree to comply with th	Corporation Service 1201 Hays Street Florida street addres Tallahassee City red agent and to accept servicate, I hereby accept the apple to provisions of all statutes reservices.	Company Name SS (P.O. Box NOT ac FL State rice of process for the prointment as registered agent a vice Company	32301 Zip above stated limited liab d agent and agree to act and complete performan	cility company at the in this capacity. I uce of my duties, and I

(CONTINUED)

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
AMBR	Frederick R. Nicodemus, Jr. 53 Fullerton Avenue Yonkers NY 10704
	1023 AP
(Use attachment if necessary)	
LE V: Effective date, if other than the	e date of filing (OPTIONAL) De specific and cannot be more than five business days prior to or 90 days after
Tective date is listed, the date must be of filing.) If the date inserted in this block does it.	not meet the applicable statutory filing requirements, this date will not be listed a
Tective date is listed, the date must b of filing.)	not meet the applicable statutory filing requirements, this date will not be listed nent of State's records.

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.817.155, F.S.

Steven D. Feinstein
Typed or printed 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)