## Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : RASI

Account Number : I20220000023 Phone : (800)221-2972 Fax Number : (917)243-5843

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

Email	Address:	

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## FLORIDA LIMITED LIABILITY CO. 1220 Oceanview, LLC

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

Electronic Filing Menu

Corporate Filing Menu

Help

## ARTICLES OF ORCANIZATION FOR ELORIDA LIMITED HABILITY COMPANY

A CONTROL OF CONTROL O				
ARTICLE I - Name:				
The name of the Limited Liability Company is:				
1220 Oceanview, 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:	Malling Address:			
1663 East 17th Street	1663 East 17th Street			
Brooklyn NY 11229	Brooklyn NY 11229			
ARTICLE III - Registered Agent, Registered Office, & Registe	red Agent's Signature:			
(The Limited Liability Company cannot serve as its own Registered	d 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:				

Joseph Gelichter 4101 Pine Tree Drive , # 1626 Florida street address (P.O. Box NOT acceptable) Miami Beach State

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 uct in this capacity. I firsther 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)

Page 1 of 2

From: Veronica Gonzalez

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

SEE ATTACHMENT

(Use attachment if neces	sary)	
the date of filing.) Note: If the date inserted in this		e than five business days prior to or 90 days after ory filing requirements, this date will not be listed a
ARTICLE VI: Other provisions, i	fany.	
This do	ignature of a member or an authorized cument is executed in accordance with searce that any false information submitted it ites a third degree felony as provided for i	n a document to the Department of State
<u>-</u>	Joseph Geliebter Typed or printed name	e of signee
\$125.00 Filling Fee fo \$ 30.00 Certified Co \$ 5.00 Certificate o	Filing Fres: or Articles of Organization and Designa opy (Optional) of Status (Optional)	tion of Registered Agent

To: Page: 5 of 5 2023-04-25 14:15.46 CDT Lexitas From: Veronica Gonzalez

. . . .

## Article IV:

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

AMBR Joseph Geliebter 4101 Pine Tree Drive Miami Beach, FL 33140

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AMBR Florence Geliebter 4101 Pine Tree Drive Miami Beach, FL 33140

AMBR Michelle Zahtz

1348 Milford Terrace Teaneck NJ 07666

AMBR Ari Geliebter

97 Herrick Avenue Teaneck NJ 07666

AMBR Israel Geliebter

25 Herrick Drive Lawrence, NY 11559

AMBR Philip Geliebter

25 Herrick Drive Lawrence, NY 11559