

C98000002383

CAPITOL SERVICES d/b/a
PARALEGAL & ATTORNEY SERVICE BUREAU, INC.

(Requestor's Name)

1406 Hays Street, Suite 2

(Address)

Tallahassee, FL 32301 (904) 656-3992

(City, State, Zip)

(Phone #)

OFFICE USE ONLY

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 OCT 23 AM 11:37

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

400002671134--7

-10/23/98--01054--018

****337.50 ****337.50

1. Lincoln 845, LLC
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)



Walk in



Pick up time

10/23



Certified Copy



Mail out



Will wait



Photocopy



Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark

Name	<u>1/10/01</u>
Availability	<u>1/10/01</u>
Document	<u>1/10/01</u>
Examiner	<u>1/10/01</u>
Updater	<u>1/10/01</u>
Verifier	<u>1/10/01</u>
Acknowledgement	<u>1/10/01</u>
P. Verifier	<u>1/10/01</u>

DATE OF RECEIPT
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

98 OCT 23 AM 11:02

RECEIVED

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY
COMPANY**

ARTICLE I- Name:

The name of the Limited Liability Company is:

LINCOLN 845 LLC

ARTICLE II- Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

c/o Jenel Management Corp.
275 Madison Ave.
New York, NY 10016

ARTICLE III- Duration:

The period of duration for the Limited Liability Company shall be:

50 years from date formed

ARTICLE IV- Management:

(check and complete the appropriate statement)

☐ The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(es) of such manager(s) who is/are to serve as manager(s) is/are:

☒ The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/are:

(continued on next page)

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NAME	ADDRESS
Sammy Dushey	c/o Jenel Management Corp. 275 Madison Avenue New York, New York 10016
David Dushey	c/o Jenel Management Corp. 275 Madison Avenue New York, New York 10016
Jack Dushey	c/o Jenel Management Corp. 275 Madison Avenue New York, New York 10016
Abraham Dushey	1903 East 5th Street Brooklyn, New York 11223
Ezra Hamway	905 Ocean Parkway Brooklyn, New York 11230
Michael Hirschhorn	30 Fair Lane Jericho, New York 11753
Alan Mahana	464 Quentin Road Brooklyn, New York 11223
Charles Aug	c/o Garrick Aug Associates Store Leasing, Inc. 4th Floor 360 Lexington Avenue New York, New York 10017
Peter Botsaris	c/o Garrick Aug Associates Store Leasing, Inc. 4th Floor 360 Lexington Avenue New York, New York 10017

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**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 Or 608.507, FLORIDA
STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE
FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED
OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name Of the limited liability Company is: LINCOLN 845 LLC

2. The name and address Of the registered agent and Office is:


United Corporate Services, Inc.
(NAME)

801 N.E. 167th St., Suite 300
(P. O. BOX NOT ACCEPTABLE)

North Miami Beach, FL 33162
(CITY/STATE/ZIP)

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*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.*


(SIGNATURE)
MICHAEL A. BARR - PRESIDENT

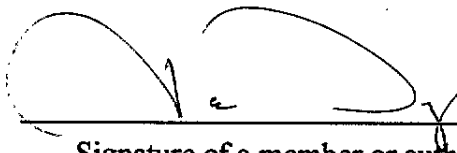
10/22/98
(DATE)

Filing Fee: \$ 35 for Designation of Registered Agent

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS

The undersigned member or authorized representative of a member of LINCOLN
845 LLC deposes and says:

- 1) the above named limited liability company has at least two members
- 2) the total amount of cash contributed by the member(s) is \$ 700,000
- 3) if any, the agreed value of property other than cash contributed by member(s) is \$ 0
A description of the property is attached and made a part hereto.
- 4) the amount of cash or property anticipated to be contributed by member(s) is \$ 700,000
- 5) the total amounts of 2, 3 and 4 is \$ 700,000



Signature of a member or authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

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