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OCT 25 2011

EXAMINER



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ACCOUNT NO. : I2000000195 REFERENCE : 956459 4325450 AUTHORIZATION COST LIMIT : ORDER DATE: October 24, 2011 ORDER TIME: 8:26 AM ORDER NO. : 956459-015 CUSTOMER NO: 4325450 DOMESTIC FILING NAME: 300-304 EAST MADEIRA AVENUE, LLC EFFECTIVE DATE: ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP ARTICLES OF ORGANIZATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: _ CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING CONTACT PERSON: Stephanie Milnes - EXT. 2920

EXAMINER'S INITIALS:

COVER LETTER

TOC 125 CM 1.25

TO: Registration Section
Division of Corporations

SUBJECT: 300-304 EAST MADEIRA AVENUE, LLC

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MATTHEW GROSS	Name of Person	
	Firm/Company	
140 ALABAMA AVENUE		
	Address	
BROOKLYN, NY 11207		
C	ity/State and Zip Code	
mmg.watkinspoultry@gmail.com		
E-mail address: (to be used	for future annual report notification)	
For further information concerning this matter, pleas	se call:	
MATTHEW GROSS Name of Person	at (718) 345-8600	
Name of Person	Area Code & Daytime Te	lephone Number
Enclosed is a check for the following amount:		
\$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed

Mailing Address

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street/Courier Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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		Š)
ARTICLES OF ORGANIZATION	FOR FLORIDA LIMITED LIABILITY COMPANY	() () ()
ARTICLE I - Name: The name of the Limited Liability Con	npany is:	Tots.
300-304 EAST MADEIRA AVENUE	, LLC	į
(Must end with the words "Li	mited 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:	i
140 ALABAMA AVENUE BROOKLYN, NY 11207	140 ALABAMA AVENUE BROOKLYN, NY 11207	
	egistered Office, & Registered Agent's Signature: s own Registered Agent. You must designate an individual or another	; !
The name and the Florida street addres	s of the registered agent are:	

Corporation Service Company

1201 Hays Street

Florida street address (P.O. Box NOT acceptable)

Tallahassee FL 32301 City, State, and 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 608, F.S..

Corporation Service Company

Stephanie Milnee Stephanie K. Milnes

Assistant Vice President

(CONTINUED)

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing Memb	per
William William William	7-1
MGRM	MATTHEW GROSS
	140 ALABAMA AVENUE
	BROOKLYN, NY 11207
MGRM	JACOB P. HELFRICH
	140 ALABAMA AVENUE
	BROOKLYN, NY 11207
/** 1 C	
(Use attachment if necessary)	l e e e e e e e e e e e e e e e e e e e
LEV: Effective date if other	than the date of filing: (OPTIONAl
fective date is listed, the date	must be specific and cannot be more than five business days
days after the date of filing.)	
- 07	
DECHIDED CICNATURE.	
REQUIRED SIGNATURE:	

Signature of a member or an authorized representative of a member.

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

CHRISTINE M. HOGAN, ESQ.

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)