L15000008899

(Re	questor's Name)	
(Ād	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name	e)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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15 JAN 15 PH 4:5

ACCOUNT NO. : 12000000195
REFERENCE: 461215 7134075
AUTHORIZATION :
AUTHORIZATION: COST LIMIT: \$155.00
ORDER DATE : January 14, 2015
ORDER TIME : 9:40 AM
ORDER NO. : 461215-005
CUSTOMER NO: 7134075
DOMESTIC FILING
NAME: 626 N. RIVERSIDE DRIVE, LLC
EFFECTIVE DATE:
ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP ARTICLES OF ORGANIZATION
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
XX CERTIFIED COPY PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING
CONTACT PERSON: Courtney Williams - EXT. 62935

EXAMINER'S INITIALS:

COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJE	626 N Riverside Drive, LLC			
15-1 (F 27)	Name of I	imited Liabilit	y Company	te este a seu com
The end	closed Articles of Organization and fee(s)	are submitted	for filing.	
Please	return all correspondence concerning this	matter to the fo	ollowing:	
	David Russell			
		Name of I	Person	
		Firm/Con	npany	
	534 Delaware Ave			
		Addre	ss	
	Buffalo NY 14202			
		City/State and	Zip Code	
	druss1961@gmail.com	(to be used for	future annual report	notification)
		•	ruture aminat report	nouncadon)
For fur	ther information concerning this matter, pl	lease call:		
David	L Russellat (716 ()	491-2099	<u>,</u>
	Name of Person	Area Code	Daytime Telepho	one Number
Enclose	ed is a check for the following amount:			
\$125.0	0 Filing Fee \$130.00 Filing Fee &		Filing Fee &	\$160.00 Filing Fee,
	Certificate of Status		ed Copy I copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address		Street/Courier Addr	::35
	Registration Section		Registration Section	
	Division of Corporations P.O. Box 6327		Division of Corporati Clifton Building	ons
	Tallahassee, FL 32314		2661 Executive Center	er Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
626 N Riverside Drive, LLC (Must end with the words "I	Limited Liability Company, "L.L.C.," or "LLC.")	·
ARTICLE II - Address: The mailing address and street address of the prin	ncipal office of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
1990 N Federal Hwy Pompano Beach FL 33061	534 Delaware Ave, Suite 101 Buffalo NY 14202	
another business entity with an active Florida reg	its own Registered Agent. You must designate an individ gistration.)	ual or
The name and the Florida street address of the reg	الماريخ	ज
Corporation Service Co	Name	JA
1201 Hays Street	IASSI	5 JAN 15
Florida street address (P.	O. Box NOT acceptable)	2 1
Tallahassee	FL 32301	
City	FL_32301 OR Zip	2 UN 000
the place designated in this certificate, I hereby capacity. I further agree to comply with the prov of my duties, and I am familiar with and accept Corporation Service By:	ccept service of process for the above stated limited liability accept the appointment as registered agent and agree to visions of all statutes relating to the proper and complete p to the obligations of my position as registered agent as proving Chapter 605, F.S Company Courtney William Asst. Vice Preses Signature (REQUIRED)	act in this performance pided for in

(CONTINUED)

Page 1 of 2

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	-
Ambr	David L Russell
and the second of the second o	534 Delaware Ave, suite 101
	Buffalo NY 14202
	
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	<u></u>
E V: Effective date, if other than the date ective date is listed, the date must be sp	of filing: January, 16,2015 (OPTIONAL) ecific and cannot be more than five business days prior to or
EV: Effective date, if other than the date extive date is listed, the date must be sporf filling.)	of filing: January, 16,2015 (OPTIONAL) ecific and cannot be more than five business days prior to or
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Page 2 of 2