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ACCOUNT NO. : I2000000195 REFERENCE: 629012 5156901 AUTHORIZATION : COST LIMIT : ORDER DATE: February 12, 2019 ORDER TIME : 1:26 PM ORDER NO. : 629012-005 CUSTOMER NO: 5156901 DOMESTIC FILING NAME: ORBBRO LLC EFFECTIVE DATE: ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP XX ARTICLES OF ORGANIZATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: \_\_\_ CERTIFIED COPY XX \_\_\_ PLAIN STAMPED COPY \_\_\_\_ CERTIFICATE OF GOOD STANDING

EXAMINER'S INITIALS:

CONTACT PERSON: Emily Croft - EXT. 62925

CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

## COVER LETTER

	ew Filing Section ivision of Corporations						
SURIFCT	ORBBRO LLC						
SUBJECT:							
The enclos	ed Articles of Organization and fee(s	) are submitted	for filing.				
Please retu	m all correspondence concerning this	matter to the fi	ollowing:				
		Name of	Person				
	MEISTER SEELIG & FEIN LLP						
	Firm/Company						
	125 PARK AVENUE, 7TH FLOOR						
	Address						
	NEW YORK, NEW YORK 10017						
į	ibagan@gmail.com	City/State and	d Zip Code				
-	E-mail address: (to be u	sed for future a	nnual report notification)				
For further in	nformation concerning this matter, pl	ease call:					
	Bob G. Goldberg	212 (	212 655-3526				
	Name of Person	Area Code	Daytime Telephone Number				
Enclosed is	a check for the following amount:						
<b>\$</b> 125.00 Fi	ling Fee \$130.00 Filing Fee & Certificate of Status	L Certifie	0 Filing Fee & S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)				
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address  New Filing Section  Division of Corporations  Clifton Building  2661 Executive Center Circle  Tallahassee, FL 32301				

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:				
The name of the Limited Liabil	ity Company is:			
ORBBRO LLC			<del></del>	
(Must con	tain the words "Limited	Liability Company.	, "L.L.C.," or "LLC.")	
ARTICLE II - Address:				
The mailing address and street a	iddress of the principal o	office of the Limited	Liability Company is:	
Princir	oal Office Address:		Mailing Addused	
rinca	rai Onice Address.		Mailing Address	<i>,</i> •
31 West 12th Stre	et		West 12th Street	
	Apt. 2W New York, NY 10011		. 2W w York, NY 10011	··
1000 1000 1100	<u>,                                    </u>		I JOIN, IVI 10011	
ARTICLE III - Registered Ag				
(The Limited Liability Company			You must designate an indivi	dual or
another business entity with an	active monda registratio	и.,		
The name and the Florida street	address of the registered	d agent are:		
	Composition Consis	o Company		
	Corporation Service	Name		
		744776		
	1201 Hays Street	<del></del>		
	Florida street addres	s (P.O. Box <u>NOT</u> a	cceptable)	
	Tallahassee	FL	32301	
	City	State	Zip	
			•	
Having been named as registered place designat <mark>e</mark> d in this certificate	agent and to accept serv	ice of process for the	above stated limited liability	company at the
further agree to comply with the p	rovisions of all statutes r	elating to the proper	ea agem and agree in act in n and complete performance of	ns capacity, 1 I my duties, and l
un familiar with and accept the al	bligations of tyly position	as registiced agent	as provided for in Chapter 60.	5, F.S.,
	Corporation Serv	ice Company	1	
	Ву	ιΨ(') /	/	
		ered Agent's Signat	ture (REQUIRED)	
			Janet Budhu, Asst. Vice 1	President
		(CONTINUED)	Janet Gudhu,Asst. Vice	<u> </u>
	_	(CONTINUED)		<del> </del>
				- CJ - T
				<u> </u>
				***

ARTICLE IV-The name and eddiess of each person aninorized to manage and control the Limited Unability Communy Tide: Name and Address: "AMBR" Automized (dember "MGR" - Manager AMBR Joanne Fredell Bagan 31 West 12th Street, Apt. 2W New York, NY 10011 (Use attachment if necessary) ARTICLE V: Fifective date, if other than the date of filing, (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) Note: If the date inserted in this block does not meet the applicable statetory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. ARTICLE VI: Other provisions, if any REOURED SIGNATURE: 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 oegree felony as provided for in \$ \$17.155, U.S. Joanne Fredell Bagan Typed or printed name of signee Filing Fres: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional) 5 5.00 Certificate of Status (Optional)

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