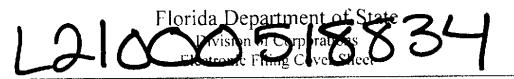
To: +18506176383 Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850) 617-6381

From:

Account Name : FILE RIGHT LLC
Account Number : 120170000091
Phone : (718)878-5811
Fax Number : (713)732-4580

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

Email Address: salcs@rileacorp.com

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FLORIDA LIMITED LIABILITY CO. 10602 RIVERVIEW LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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Electronic Filing Menu

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Fax Reference H21000448266 3

		COVERLETTER
TO:		Filing Section sion of Corporations
CI:DIE	CT.	10602 RIVERVIEW LLC
SUBJEC	C 1;	Name of Limited Liability Company
The enc	losed	Articles of Organization and fec(s) are submitted for filing.
Please re	eturn	all correspondence concerning this matter to the following:
	_	Name of Person
	ı	THE RIGHT LLC
	_	Firm/Company
	Ė	3314 16TH AVENUE SUITE 139
	_	Address
	j	3ROOKLYN, NY 11204
	sa sa	City/State and Zip Code
	_	E-mail address: (to be used for future annual report notification)
For furthe	er int	ormation concerning this matter, please call:
	1	Name of Person Area Code Daytime Telephone Number
		a check for the following amount:
√ \$125 0	o Fili	ng Fee S130.00 Filing Fee & S155.00 Filing Fee & S160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed) S160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
		MailingAddressStreetAddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

2021-12-08 22:06:06 GMT

17187959036

From: Mark Fuchs

Fax Reference H21000448266 3

ARTICLES OF ORGANIZATION FOR FLORIDALIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

10602 RIVERVIEW LLC

(Must contain 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:	Mailing Address:
10602 COUNTY RD 672	10602 COUNTY RD 672
RIVERVIEW, FL 33579	RIVERVIEW, FL 33579

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered 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:

BUSINESS FILINGS	S INCORPORATEI)
	Name	
1200 SOUTH PINE	ISLAND ROAD	
Florida street address	s (P.O. Box <u>NOT</u> ac	cceptable)
PLANTATION	FL	33324
City	State	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, Thereby 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 605, F.S..

/s/ Brenna Lutter	_
 Registered Agent's Signature (REQUIRED)	

(CONTINUED)



Fax Reference H21000448266.3

A L	TI	CI	C	ł	ν.	

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

Title:		Name and Address:		
	uthorized Member			
"MGR" = Ma MGR	nager	YOSEF BRIKMAN		
111111		535 MONTGOMERY STREET		
		BROOKLYN NY 11225		
MGR		ARYEH SOSKIN		
THO K		4101 PINE TREE DR #1126		
		MIAMI BEACH, FL 33140		
_				
			 .	
				
(Use attachme	ent if necessary)			
	·			
ARTICLE V: Effective	e date, if other than the date of fi	ling: (OPTIONAL)	
	listed, the date must be specific	e and cannot be more than five business o	tays prior to or 90 days after	
the date of filing.)	tad in this black does not meet	the applicable statutory filing requirement	s this date will not be listed a:	
the document's effective	ve date on the Department of St	tate's records		
	·			
ARTICLEVI: Other p	rovisions, il any.			
DEARIDED	SIGNATURE:			
REOGIRED				
		Yosef Brikman		
	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 degree felony as provided for in s.817.155, F.S.			
		YOSEF BRIKMAN		
	<u>-</u>	yped or printed name of signee		
			t .	

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)