

L22000154321

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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((H22000126663 3)))



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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : FILE RIGHT LLC
Account Number : 120170000091
Phone : (718) 375-5611
Fax Number : (718) 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: _____

FLORIDA LIMITED LIABILITY CO.

MOD 1170 LLC

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

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Fax Reference: H22000126663 3

COVER LETTER

TO: **New Filing Section**
Division of Corporations

SUBJECT: **MOD 1170 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:

Name of Person

FILE RIGHT LLC

Firm/Company

5314 16TH AVENUE SUITE 139

Address

BROOKLYN, NY 11204

City/State and Zip Code

sales@fileacorp.com

E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Sara

718

878-5811

Name of Person

Area Code

Daytime Telephone 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

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section
Division of Corporations
Citison Building
2061 Executive Center Circle
Tallahassee, FL 32301

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TALLAHASSEE, FL 32301

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is:

MOD 1170 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:199 LEE AVENUE, SUITE 1037
BROOKLYN, NY 11211POB 546860
SURFSIDE FL 33154

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 a rather business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

HANNY LERNER

Name

250 95TH STREET, SUITE 546860Florida street address (P.O. Box NOT acceptable)SURFSIDE FL 33154

City

State

Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the address 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 faithful performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 805, F.S.

/s/ Hanny Lerner

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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 DIVISION OF CORPORATE
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 1901 KANSAS STREET, SUITE 100
 TALLAHASSEE, FL 32310

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ARTICLE IV-

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

TitleName and Address

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

CHANA LERNER

199 LEE AVENUE, SUITE 1037

BROOKLYN, NY 11211

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specified 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 special statutory 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

REQUIRED SIGNATURE

/s/ Chana Lerner

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

This document is executed in accordance with section 605.0203 (1) (c), 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.

CHANA LERNER

Typed or printed name of signer

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)