

W4000054438

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

720 FLIC

Office Use Only



300039201773

07/20/04--01056--003

12500
*438.75

MJH

FILED
04 JUL 20 PM 2:06
TALLAHASSEE FLORIDA

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TAKE2SEATS, LLC

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

Please return all correspondence concerning this matter to the following:

Edward Arking
(Name of Person)

TAKE2SEATS, LLC
(Name of Firm/Company)

5 Jersey Bell Drive
(Address)

Cinnaminson, NJ 08077
(City/State/and Zip Code)

For further information concerning this matter, please call:

Kristen Thomas, Esq. at (561) 271-6585
(Name of Person) (Area Code & Daytime Telephone
Number)

Enclosed is a check for the following amount:

☒ \$125 Filing Fee & Designation of Registered Agent

MAILING ADDRESS:

Registration Section
Division of Corporations
Corporations
P.O. Box 6327
Tallahassee, Florida 32314
Florida 32399

STREET ADDRESS:

Registration Section
Division of
409 E. Gaines Street
Tallahassee,
(850) 245-6051

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is: TAKE2SEATS, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

20901 Ne 24th Ave
Aventura Fl 33180

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

The name of the registered agent is: Neil Herzog

The Florida street address of the registered agent is: 20901 NE 24th Ave
Aventura Fl 33180

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, Florida Statutes.



Registered Agent's Signature

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

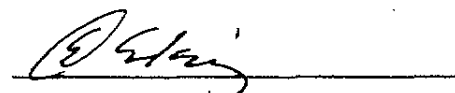
The name and address of each Manager or Managing Member is as follows:

Name & Title
Edward Arking, MGRM

Address
5 Jersey Bell Drive
Cinnaminson, NJ 08077

Neil Herzog, MGRM

5008 Starblaze Drive
Greenacres, FL 33463



FILED
04 JUL 20 PM 2:06
TALLAHASSEE FLORIDA
SECRETARY OF STATE

Edward Arking, Managing Member