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Florida Department of State
Division of Corporations
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MJH

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To:

Division of Corporations
Fax Number : (850) 205-0383

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES,
Account Number : 075350000353
Phone : (212) 431-5000
Fax Number : (212) 431-1441

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DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY**MEGA PALM TREE LLC**

Certificate of Status	0
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FILE

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

MEGA PALM TREE LLC**ARTICLE II - Address:**

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

Principal Office Address:1217 CAPE CORAL PKWY EASTCAPE CORAL FL 33904**Mailing Address:**1217 CAPE CORAL PKWY EASTCAPE CORAL FL 33904**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

BLUMBERGEXCELSIOR CORPORATE SERV INC.

Name

4435 OLD WINTER GARDEN RDFlorida street address (P.O. Box **NOT** acceptable)ORLANDOFLORIDA 32811

City, State, and 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, 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

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

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

Type:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:MGRMFELIX LUNEY110 PEVBERTON RDRICHMOND HILL ONTARIO CANADA L4J 3T7MGRMMICHAEL SHTEYN234 WHITMAN DRIVEBROOKLYN NY 11234MGRMARTUR FOGEL187 BEACH 141BELLE HARBOR NY 11694MGRMEDWARD TROST125 BARLOW DRIVE SOUTHBROOKLYN NY 11234

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.**REQUIRED SIGNATURE:**
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

JULIA PASKALOVA, AUTHORIZED REPRESENTATIVE

Typed or printed name of signer

Filing Fee:

\$168.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 34.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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

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

Title:**"MGR" = Manager****"MGRM" = Managing Member****Name and Address:**MGRMGENNADY LADYZHENSKY2625 EAST 13TH ST., APT. 5GBROOKLYN NY 11235

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.**REQUIRED SIGNATURE:**Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Typed or printed name of signer**Filing Fees:****\$100.00 Filing Fee for Articles of Organization****\$ 25.00 Designation of Registered Agent****\$ 30.00 Certified Copy (Optional)****\$ 5.00 Certificate of Status (Optional)**

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