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No. 8400 PaP. 1 of 1

Florida Department of State
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DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

219-10 137 RD REALTY LLC

Certificate of Status	0
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

219-10 137 RD REALTY LLC

ARTICLE II - Address:

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

Principal Office Address:

155-44 SOUTHWEST 99 AVENUE
MIAMI, FL 33157

Mailing Address:

1705 CHURCH AVE., #204
BROOKLYN, NY 11226

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

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

PAULINE JOHNSON

Name

155-44 SOUTHWEST 99 AVENUE

Florida street address (P.O. Box **NOT** acceptable)

MIAMI FL 33157

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, F.S..



Registered Agent's Signature

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SECRETARY OF
TALLAHASSEE, FL

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:

MGRM

MICHAEL JOHNSON

441 RHODES LANE

WEST HEMPSTEAD, NY 11552

MGRM

ALTHEA JOHNSON

219-10 137th ROAD

SPRINGFIELD GARDENS, NY 11413

(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.)

MICHAEL JOHNSON

Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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