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7/14/15 11:27 AM EDT

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S. YOUNG

**CT Corporation System**

515 E. Park Ave., Tallahassee, FL, 32301

850-205-8842

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|------------------------|--|
| 105 W. MOHAWK AVE, LLC |  |
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**Thank you!**

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| <input type="checkbox"/> Profit                    | <input type="checkbox"/> Amendment              | <input type="checkbox"/> Merger             |
| <input type="checkbox"/> Nonprofit                 |   |   |
| <input type="checkbox"/> Foreign                   | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark               |
|  | <input type="checkbox"/> Reinstatement          |   |
| <input type="checkbox"/> Limited Partnership       | <input type="checkbox"/> Annual Report          | <input type="checkbox"/> Other              |
| <input checked="" type="checkbox"/> LLC            | <input type="checkbox"/> Name Registration      |   |
| <b>Formation</b>                                   | <input type="checkbox"/> Fictitious Name        | <input type="checkbox"/> UCC                |
| <input checked="" type="checkbox"/> Certified Copy | <input type="checkbox"/> Photocopies            | <input type="checkbox"/> CUS                |
| <b>New Formation</b>                               |   |   |
| <input type="checkbox"/> Call When Ready           | <input type="checkbox"/> Call If Problem        |   |
| <input checked="" type="checkbox"/> Walk In        | <input type="checkbox"/> Will Wait              | <input checked="" type="checkbox"/> Pick Up |
| <input type="checkbox"/> Mail Out                  |   |   |

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Verifier \_\_\_\_\_  
W.P. Verifier \_\_\_\_\_

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Order#:  
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Ref#: \_\_\_\_\_

Amount: \$ \_\_\_\_\_

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TALLAHASSEE, FL 32301

**CT Corporation System**

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**105 W. MOHAWK AVE, LLC****Thank you!**☐ Profit☐ Amendment☐ Merger☐ Nonprofit☐ Foreign☐ Dissolution/Withdrawal☐ Mark☐ Reinstatement☐ Limited Partnership☐ Annual Report☐ Other☒ LLC☐ Name Registration**Formation**☐ Fictitious Name☐ UCC☒ Certified Copy☐ Photocopies☐ CUS**New Formation**☐ Call When Ready☐ Call If Problem☒ Walk In☐ Will Wait☒ Pick Up☐ Mail Out

Name

2/27/2015

Order#:

Availability \_\_\_\_\_

**9459415**

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SECRETARY OF STATE  
TALLAHASSEE, FL 32304

**ARTICLES OF ORGANIZATION**  
**OF**  
**105 W. MOHAWK AVE, LLC**

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The undersigned authorized representative does hereby certify that the persons so identified herein have associated themselves together for the purpose of forming a limited liability company (the "Company") under the laws of the State of Florida.

**ARTICLE I**  
**NAME**

The name of the Company shall be: **105 W. MOHAWK AVE, LLC.**

**ARTICLE II**  
**ADDRESS AND PLACE OF BUSINESS**

The address of the principal office and the mailing address of this Company shall be:

**Principal Office**

792 9<sup>th</sup> Avenue, Apt 5FS  
New York, NY 10019

**Mailing Address**

792 9<sup>th</sup> Avenue, Apt 5FS  
New York, NY 10019

**ARTICLE III**  
**EFFECTIVE DATE AND PERIOD OF DURATION**

The effective date of these Articles shall be the date the Articles are filed with the Florida Secretary of State.

**ARTICLE IV**  
**GENERAL POWERS**

The Company is formed for the purpose of conducting and undertaking, and shall have the power to conduct and undertake, any and all activities and actions authorized under the Florida Revised Limited Liability Company Act, Chapter 605, Florida Statutes.

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**ARTICLE V  
MANAGEMENT**

All powers of the Company shall be exercised by or under the authority of the manager and the business and affairs of the Company shall be managed by or under the direction of the Manager, except as otherwise provided in the operating agreement of the Company ("Operating Agreement"). The Manager shall be appointed, and shall have such authority as specifically provided by statute or by the Operating Agreement. The initial Manager shall be:

| <b>Managers</b> | <b>Addresses</b>  |
|-----------------|---|
| Doug Aho        | 792 9 <sup>th</sup> Avenue, Apt 5FS<br>New York, NY 10019 |
| Matthew Aho     | 118 Huron Street, #11L<br>Brooklyn, NY 11222              |

**ARTICLE VI  
OPERATING AGREEMENT**

The members of the Company may adopt an operating agreement pertaining to the regulation, management, and other affairs of the Company (previously defined as the "Operating Agreement"), provided that such Operating Agreement shall not be inconsistent with these Articles of Organization or with the laws of the State of Florida. The Operating Agreement may be repealed or altered only in the manner now or hereafter prescribed therein, consistent with the laws of the State of Florida.

**ARTICLE VII  
REGISTERED OFFICE AND REGISTERED AGENT**

The street address of the Company's initial registered office in Florida is **1200 South Pine Island Rd., Plantation, FL 33324**, and the name of its initial registered agent is **NRAI Services, Inc.** The Company may change its registered office or its registered agent or both by filing with the Department of State of the State of Florida a statement complying with Section 605.0113, Florida Statutes.

**ARTICLE VIII  
ACKNOWLEDGMENT**

The member of the Company, through its undersigned authorized representative, does hereby certify that the foregoing constitutes the proposed Articles of Organization of **105 W. MOHAWK AVE, LLC**. These Articles of Organization may be amended from time to time by consent of the members holding a majority of the voting interests of the Company, or otherwise in the manner now or hereafter prescribed in the Company's Operating Agreement, consistent with the laws of the State of Florida.

*Articles of Organization*  
*105 W. Mohawk Ave, LLC*

IN WITNESS WHEREOF, the undersigned authorized representative has executed these Articles of Organization this 27<sup>th</sup> day of February, 2015.



William Kalish,  
Authorized Representative

**ACCEPTANCE BY REGISTERED AGENT**

Having been appointed the registered agent of 105 W. Mohawk Ave, LLC, the undersigned accepts such an appointment, agrees to act in such capacity and accepts the obligations set forth in Section 605.0113, Florida Statutes.

EXECUTED this 27<sup>th</sup> day of February, 2015.

**NRAI SERVICES, INC.**

By: Connie Bryan

Name: \_\_\_\_\_

Its: Connie Bryan

Assistant Secretary

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