

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : VCORP SERVICES, LLC  
Account Number : I20C80000067  
Phone : (845) 425-0077  
Fax Number : (845) 618-3588

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TALLAHASSEE, FLORIDA

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*  
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**FLORIDA LIMITED LIABILITY CO.  
Edgewater Retail Center LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
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2015-05-12 17:55:05  
FLORIDA DEPARTMENT OF STATE

MAY 13 2015  
J. HARRIS

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Edgewater Retail Center 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:

Robert Oransky  
Name of Person

The Trebor Investment Corporation  
Firm/Company

12976 SW 89th Ave  
Address

Miami, Florida 33176  
City/State and Zip Code

bob.trebor@gc@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robert Oransky at 305 ) 345-2925  
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**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Edgewater Retail Center LLC  
(Must end with 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:

12976 SW 89th Ave  
Miami, FL 33176

12976 SW 89th Ave  
Miami, FL 33176

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 another business entity with an active Florida registration.)

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

Robert Oransky  
Name  
12976 SW 89th Ave  
Florida street address (P.O. Box NOT acceptable)  
Miami Florida 33176  
City State 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 605, F.S.

Robert Oransky  
Registered Agent's Signature (PRINTED)

(CONTINUED)

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ARTICLE IV-

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

<u>Title:</u>	<u>Name and Address:</u>
"AMBR" = Authorized Member	
"MGR" = Manager	
<u>MGR</u>	<u>Robert Oransky</u> <u>12976 SW 89th Ave</u> <u>Miami, FL 33176</u>
<u>MGR</u>	<u>Fern Oransky</u> <u>12976 SW 89th Ave</u> <u>Miami, FL 33176</u>
<u>MGR</u>	<u>Jordan Finkelman</u> <u>10090 SW 143rd St</u> <u>Miami, FL 33176</u>
<u>MGR</u>	<u>Andrea Finkelman</u> <u>10090 SW 143rd St</u> <u>Miami, FL 33176</u>

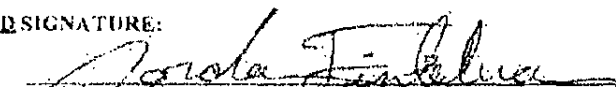
(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)  
(If an effective date is listed, the date must be specific 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 applicable 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:**



Signature of a member or an authorized representative of a member, in accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

Jordan Finkelman  
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)

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 TALLAHASSEE, FLORIDA  
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