

L15000108021

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

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Office Use Only



600273797046

EFFECTIVE DATE

6-18-15

06/22/15--01006--013 \*\*160.00

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JUN 22 2015  
ALBANY

2015 JUN 22 A 10:43

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JUN 25 2015

T SCHROEDER

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Movement87 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:

Harry Krawitz

Name of Person

Movement87 LLC

Firm/Company

One Campus Road

Address

Totowa, NJ 07512

City/State and Zip Code

hkrawitz@capezio.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Harry Krawitz

Name of Person

at ( 973 ) 653-2008

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/Courier Address**

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

EFFECTIVE DATE 6.18.15

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Movement87 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:**

One Campus Road

Totowa, NJ 07512

One Campus Road

Totowa, NJ 07512

**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:

Ralph Carrillo

Name

849 West 19th Street

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

Hialeah,

City

FL 33010

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.*



Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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2015 JUN 22 A 10:43  
CLERK OF CIRCUIT COURT  
STATE OF FLORIDA

**ARTICLE IV- Continued on Next Page**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

**Name and Address:**

Anthony Giacoio Jr.

One Campus Road

Totowa, NJ 07512

MGR

Marc Terlizzi

One Campus Road

Totowa, NJ 07512

MGR

Paul Terlizzi

One Campus Road

Totowa, NJ 07512

MGR

Michael Terlizzi

One Campus Road

Totowa, NJ 07512

(Use attachment if necessary)

*Continued on Next Page*

**ARTICLE V:** Effective date, if other than the date of filing: June 18, 2015 (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.)

**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.)

Harry Krawitz

Typed or printed name of signee

**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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2015 JUN 22 A 10:43  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE IV-** *Continued from Prior Page*

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

**Name and Address:**

Gabriel Shaolian

102 Madison 2nd floor

New York, NY 10016

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: June 18, 2015 (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.)

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**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.

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Harry Krawitz

Typed or printed name of signee

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**\$ 5.00 Certificate of Status (Optional)**

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2015 JUN 22 A 10:44  
CLERK OF STATE  
TALLAHASSEE, FLORIDA