

LIS 000109584

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Office Use Only

WIS 00043983

JUN 29 2015

T. SCOTT



900273352659

RECEIVED
DEPARTMENT OF REVENUE
DIVISION OF TAX SERVICES
15 JUN 25 PM 4:16
TO ACKNOWLEDGE
SUFFICIENT / OF FILING

15 JUN 25 AM 10:50
JUN 25 2015



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 26, 2015

FLORIDA FILING & SEARCH SERVICES, INC.

SUBJECT: 375 76TH REALTY LLC
Ref. Number: W15000043983

We have received your document for 375 76TH REALTY LLC and the authorization to debit your account in the amount of \$125.00. However, the document has not been filed and is being returned for the following:

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tyrone Scott
Regulatory Specialist II

Letter Number: 415A00013471

FLORIDA FILING & SEARCH SERVICES, INC.

**P.O. BOX 10662 TALLAHASSEE, FL 32302
155 Office Plaza Dr Ste A Tallahassee FL 32301
PHONE: (800) 435-9371; FAX: (866) 860-8395**

DATE: 6/26/15

NAME: 375 76TH REALTY LLC

TYPE OF FILING: ARTICLES

COST: 125.00 - already paid for

RETURN: PLAIN COPY PLEASE

~~ACCOUNT: ECA000000015~~

~~AUTHORIZATION: ABBIE/PAUL HODGE~~

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 375 76TH REALTY 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:

Tara Morales

Name of Person

Capitol Services – Corporate Filings Team

Firm/Company

800 Brazos Ste 400

Address

Austin TX 78701

City/State and Zip Code

emirsky@trial.com

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

For further information concerning this matter, please call:

Tara Morales

Name of Person

at (800) 345-4647

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

375 76TH REALTY 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:

8925 COLLINS AVENUE
SUITE 7F
SURFSIDE, FL 33154-3530

Mailing Address:

c/o MIRSKY AND ASSOCIATES, PLLC
303 SOUTH BROADWAY, SUITE 222
TARRYTOWN, NY 10591

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:

ADRIAN ALBXANDRU

Name


8925 COLLINS AVENUE, SUITE 7F

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

<u>SURFSIDE</u>	<u>FL</u>	<u>33154-3530</u>
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..

x



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV.

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

Title:

AMBR = Authorized Member

MGR = Manager

Name and Address:

ADRIAN ALEXANDRU, MGR
8925 COLLINS AVENUE, SUITE 7F
SURFSIDE, FL 33154-3530

(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:

x



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.)

ADRIAN ALEXANDRU

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)