# Florida Department of State
## Division of Corporations
## Electronic Filing Cover Sheet

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Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.
Account Number : 075350000353
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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.**

Email Address:

**FLORIDA LIMITED LIABILITY CO.**
**CAPE CORAL LLC**

| | |
|---|---|
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| Certified Copy | 1 |
| Page Count | 02 |
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# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:**
The name of the Limited Liability Company is:

CAPE CORAL 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: |
|---|---|
| 397 GOWER STREET | 397 GOWER STREET |
| STATEN ISLAND, NY 10314 | STATEN ISLAND, NY 10314 |

**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:

PHILIP COHEN
Name

1521 SW 47TH TERRACE, UNIT 104
Florida street address (P.O. Box NOT acceptable)

| CAPE CORAL | FL | 33914 |
|---|---|---|
| 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..*

Registered Agent's Signature (REQUIRED)

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(CONTINUED)

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

| Title: | Name and Address: |
|---|---|
| "AMBR" = Authorized Member<br>"MGR" = Manager<br>AMBR | ARUNTHATAY SELVARAJAH<br>397 GOWER STREET<br>STATEN ISLAND, NY 10314 |
| | |
| | |
| | |

(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:**

A. Arunthathy

**Signature of a member or an authorized representative of a member.**
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
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.

ARUNTHATAY SELVARAJAH
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)**
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