

From 7738897420 1 718.889.7420 Wed Jul 12 12:13:11 2012 MDT 1 of 3
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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.
Account Number : 075350000353
Phone : (800) 221-2972
Fax Number : (888) 692-9256

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.
MERRITT SQUARE CH LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

RECEIVED

16 JUL -6 PM 3:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

16 JUL -6 PM 4:50

FILED

07-07-16

7

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

MERRITT SQUARE CH 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:

747 MIDDLE NECK ROAD
GREAT NECK, NY 11024

Mailing Address:

747 MIDDLE NECK ROAD
GREAT NECK, NY 11024

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:

BLUMBERGEXCELSIOR CORPORATE SERVICES, INC.

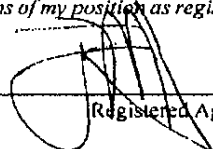
Name

155 OFFICE PLAZA DRIVE 1ST FL

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

<u>TALLAHASSEE</u>	<u>FL</u>	<u>32301</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..



Registered Agent's Signature (REQUIRED)

(CONTINUED)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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CONFIDENTIAL

Name and Address:

MATIN HAKIMI
747 MIDDLE NECK ROAD
GREAT NECK, NY 11024

OMID HAKIMI
747 MIDDLE NECK ROAD
GREAT NECK, NY 11024

OMID HAKIMI
747 MIDDLE NECK ROAD
GREAT NECK, NY 11024

OMID HAKIMI
747 MIDDLE NECK ROAD
GREAT NECK, NY 11024

_____. (OPTIONAL)

cannot be more than five business days prior to or 90 days after

Applicable statutory filing requirements, this date will not be listed as records.

1. The first step is to identify the problem. This involves understanding the current situation and what needs to be changed.

E: Veronica
Signature of a member or an authorized representative

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.

VERONICA GONZALEZ-ORGANIZER

Filing Fees:

\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

\$ 5.00 Certificate of Status (Optional)