

L16000144241

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H16000187272 3)))



H160001872723ABC1

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From: Account Name : CORP USA
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

RECEIVED
16 AUG -2 PM 4:59
FLORIDA DEPARTMENT OF STATE
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.
13525 SW 72ND AVENUE, LLC

RUSH

| | |
|-----------------------|----------|
| Certificate of Status | 0 |
| Certified Copy | 1 |
| Page Count | 04 |
| Estimated Charge | \$155.00 |

114023

RUSH

RECEIVED
AUG -4 PM 2:59
RUSH
Please file
on the day
that was fax
8/2/16

114023
8-2-16
8/1/16

Electronic Filing Menu Corporate Filing Menu Help



August 4, 2016

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CORP USA

SUBJECT: 13525 SW 26ND AVENUE, LLC
REF: W16000053893

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You failed to make the correction(s) requested in our previous letter.

The document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.

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.

Jessica A Fason
Regulatory Specialist II

FAX Aud. #: E16000187272
Letter Number: 916A00016408

P.O BOX 6327 - Tallahassee, Florida 32314

4

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 13525 SW 72nd Avenue, 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:

Ravi Batta, Esq.
Name of Person

Rosenfeld Stein Batta, P.A.
Firm/Company

21490 West Dixie Highway
Address

Aventura, FL 33180
City/State and Zip Code

ravi@rslawpa.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ravi Batta at 305 895-6680
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/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:

13625 6W 72nd Avenue, 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:

74 East 79th Street, 8th Floor
New York, NY 10075

74 East 79th Street, 8th Floor
New York, NY 10075

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:

Rosenfeld Stein Batis, P.A.

Name

21480 West Dixie Highway

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

AVONTEURA

City

FL 31380

Zip

RECEIVED
IN THE OFFICE OF THE
CLERK OF THE
STATE OF FLORIDA

16 AUG - 2 PM 1: 59

FILED

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

ARTICLE IV-

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:

Ramesh Singh

74 E. 79th Street, 8th Floor
New York, NY 10075

RECEIVED BY STATE
TALLAHASSEE, FLORIDA

16 AUG -2 PM 4:59

FILED

(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.)

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.)

Ramesh Singh

Ramesh Singh

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)