

L16000159703

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

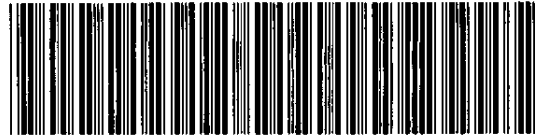
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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RECEIVED
DEPARTMENT OF STATE
16 AUG 19 PM 2:13

FILED
16 AUG 19 AM 8:27
U.S. DEPARTMENT OF STATE

8/29/14

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I200000000195

REFERENCE : 260696 4336482

AUTHORIZATION : *[Signature]*

COST LIMIT : \$ 125.00

ORDER DATE : August 19, 2016

ORDER TIME : 12:42 PM

ORDER NO. : 260696-005

CUSTOMER NO: 4336482

DOMESTIC FILING

NAME: WYNKEN MHP LLC

EFFECTIVE DATE:

____ ARTICLES OF INCORPORATION
____ CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX PLAIN STAMPED COPY
____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender - EXT.

EXAMINER'S INITIALS: _____

FILED
16 AUG 19 AM 8 27

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Wynken MHP 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:

Robyn Tuerk

Name of Person

Philips International Holding Corp.

Firm/Company

295 Madison Avenue, 2nd Floor

Address

New York, New York

10017

City/State and Zip Code

Mpagnotta@pihc.com

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

For further information concerning this matter, please call:

Robyn Tuerk

212

951-3801

at ()

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

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

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

FILED

16 AUG 19 AM 8:27

260696-5



FLORIDA DEPARTMENT OF STATE
Division of Corporations

FILED

16 AUG 19 AM 8:27

2016 AUG 19 10:00 AM
DIVISION OF CORPORATIONS

August 19, 2016

CORPORATION SERVICE COMPANY

RESUBMIT

Please give original
submission date as file date.

SUBJECT: WYNKEN MHP LLC
Ref. Number: W16000057877

We have received your document for WYNKEN MHP 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:

Please list the city name in its entirety abbreviation is not acceptable.

Please return the corrected original and one copy of 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.

Claretha Golden
Regulatory Specialist II
New Filing Section

Letter Number: 116A00017669

RECEIVED
16 AUG 26 PM 4:31
SUFFICIENCY OF FILING

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Wynken MHP LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

FILED

16 AUG 19 AM 8:27

CLERK OF DISTRICT COURT
JAN 2000

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

295 Madison Avenue, 2nd Floor
New York, NY 10017

Mailing Address:

295 Madison Avenue, 2nd Floor
New York, NY 10017

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:

Corporation Service Company

Name

1201 Hays Street

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

Tallahassee, FL 32301

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.

Corporation Service Company

By: 

Registered Agent's Signature (REQUIRED)

Courtney Williams
Asst. Vice President

(CONTINUED)

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:

MGR

Philip Pilevsky

295 Madison Avenue, 2nd Floor

New York, NY 10017

MGR

Seth Pilevsky

295 Madison Avenue, 2nd Floor

New York, NY 10017

MGR

Michael Pilevsky

295 Madison Avenue, 2nd Floor

New York, NY 10017

(Use attachment if necessary)

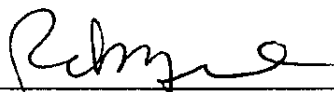
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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.

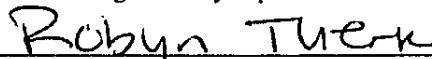
ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



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.



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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CLERK OF THE COURT
STATE OF FLORIDA