Division of Corporations Electronic Filing Cover Sheet

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

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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

: C T CORPORATION SYSTEM Account Name

Account Number : FCA000000023

Phone

: (614)280-3338

Fax Number

: (954)208-0845

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.

Hudson St. Louis Railway LLC

Certificate of Status	1		
Certified Copy	1		
Page Count	03		
Estimated Charge	\$160.00		

N. SAMS

JAN 27 2017

Electronic Filing Menu

Corporate Filing Menu

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ARTICLES OF	ORGANIZATION F	OR FLORIDA LI	MITEU LIABILITY COMPANY	17 JAN 26		
ARTICLE 1 - Name:	RTICLE I - Name: The name of the Limited Liability Company is:			J29711730		
The name of the Limited Liability				TALLAHAR		
Hudson St. Louis Rail						
(Müsi end v	ith the words "Lim	ited Liability Co	mpaṇy, "L.L.C.," or "LLC.")			
ARTICLE II - Address: The mailing address and street ad	frees of the princip	al office of the L	imited Liability Company is:			
Principa	Principal Office Address:		Mailing Address:			
20 S. Swinton Avenue			20 S. Swinton Avenue			
Delray Beach, FL 33444			Dolray Beach, FL 33444			
ARTICLE III Registered Ages (The Limited Liability Company of another business entity with an ac-	annot serve as its c tive Florida registr	own Registered A ation.)		dividual or		
The name and the Florida street a	ddress of the registe	ered agent are:				
	Nina Gross					
		Name	•			
	20 S. Swinton Av	renue	· · · · · · · · · · · · · · · · · · ·			
	Florida street add	lress (P.O. Box)	YOT acceptable)			
	Delray Beach	FL	33444			

Having been named as registered agent and to accept service of process for the above stated limited Itability 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.

State

Zìp

City

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

'n	`itle:	Name and Address:				
	AMBR* = 'Authorized' Member					
	MGR" = Manager	•				
1	MGR	Andrew Greenbaum				
		20 S. Swinton Avenue				
		Delray Beach, FL 33444				
¥	AGR.	Steven Michael				
		20 S. Swinton Avenue				
		Delray Beach, PL 33444				
_						
		and the state of t				
(1	Jsc attachment if necessary)					
(If an effec the date of	tive date is listed, the date mu filing.)	the date of filing. (OPTIONAL) at be specific and cannot be more than five business days prior to or 90 days after				
Note: If the	ne date inserted in this block do ent's effective date on the Depo	es not meet the applicable statutory filing requirements, this date will not be listed as				
nić nocaus	etir a entective onte ou me mebi	irinent of size a racotus,				
ARTICLE	VI: Other provisions, if any:					
R	EOUIRED SIGNATURE:					
-						
		ful				
	Signature	ØI:a member or an authorized representative of a member.				
	his document i	s 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.						
		3 degree telony as provided for in s x 1.7 3.55 F.S.				
		Greenbaum, Manager 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)