Division of Corporations Electronic Filing Cover Sheet

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(((H17000069018 3)))



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To:

Division of Corporations

Fax Number : (850)617-6381

Prom:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.

Account Number: 075350000353 : (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. 211 NE 8TH AVE 306 LLC

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

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Corporate Filing Menu

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March 14, 2017

FLORIDA DEPARTMENT OF STATE

BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC

SUBJECT: 211 NE 8TH AVE 306 LLC

REF: W17000021507

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.

Due to transmission problems, your faxed document or coversheet is illegible or incomplete. Please refax the document and cover sheet to this office for processing.

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.

Terri J Schroeder
Regulatory Specialist III

FAX Aud. #: H17000069018 Letter Number: 217A00004830

ALLAMASSAS TO SOLE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Nar	A	RTI	C	LE	1 -	Na	me:
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The name of the Limited Liability Company is:

211 NE 8th Ave 306 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:
34 Dalebrook Road	34 Dalebrook Road
Bloomfield, NJ 07003	Bloomfield, NJ 07003

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:

Registered Agents I	nc.	
	Name	
3030 N. Rocky Poin	n Dr.STE 150A	
Florida street addre	ss (P.O. Box <u>NOT</u> ac	cceptable)
Татра	FL	33607
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 turther 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.

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager AMBR	Liron Meller
AMDR	34 Dalebrook road Bloomfield, NJ 07003
AMBR	Seventypine Investments 401K Plan
	412 N Main St. STE 100, Butfolo, WY 82834
MGR	Liron Meller
	34 Dalebrook road Bloomfield, NJ 07003
(Use attachment if necessary)	
·	e of filing:
LEV: Effective date, if other than the date ffective date is listed, the date must be speed of filing.)	
LEV: Effective date, if other than the date ffective date is listed, the date must be speed of filing.)	pecific and cannot be more than five business days prior to or 90 days meet the applicable statutory filing requirements, this date will not be fis
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\$125.00 Filling 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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