

Division of Corporations

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Florida Department of State
Division of Corporations
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FLORIDA DEPARTMENT OF
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BUREAU OF COMMERCIAL
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FLORIDA LIMITED LIABILITY CO.
LEMOLE FAMILY ESTATE, L.L.C.

Certificate of Status	0
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ARTICLES OF ORGANIZATION FOR LEMOLE FAMILY ESTATE, L.L.C.

17 SEP - 5 PM 12:15
SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

LEMOLE FAMILY ESTATE, L.L.C.

ARTICLE II - Address:

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

Principal Office Address:

1515 S. Federal Highway
Suite 108
Boca Raton, Florida 33432

Mailing Address:


1515 S. Federal Highway
Suite 108
Boca Raton, Florida 33432

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent is:

Amy J. Fanzlaw
1515 S. Federal Highway
Suite 108
Boca Raton, Florida 33432

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.



Amy J. Fanzlaw

(CONTINUED)

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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
ADDRESS

JON E. LAMOLE
1492 Victory Boulevard
Staten Island, New York 10301

ARTICLE V: Effective date is

September 5, 2017

ARTICLE VI:

The Limited Liability Company shall exist perpetually or until dissolved in a manner provided by law, or as provided in the Articles of Organization adopted by the Members. The purpose for which the Company is being formed is to engage in any activity or business permitted under the laws of the United States and the State of Florida.

REQUIRED SIGNATURE:


Signature of a member or an authorized representative of a member.

(In accordance with section 806.0203 (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.)

Robert J. MacLaren II

Typed or printed name of signee

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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