Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850) 617-6381

From:

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. **BLOSSOM 26, LLC**

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Corporate Filing Menu

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From 7188897420 1.718.889.7420 Thu Apr 19 09:50:28 2018 MDT Page 2 of 3

Apr 18 18 02:33p

fax

516 918 9266 APR 19 AMII: 48

SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
Blossom 26, LLC (Must contain the words "Limited Li	lability Company.	, "L.L.C.," or "[LC.")
·		
ARTICLE II - Address:		on the end of the
The mailing address and street address of the principal off	ice of the Trimitor	правиту Соправу в:
Principal Office Address:		Malling Address:
4401 Collins Ave #2915	640	Lorna Lane
Mismi Beach PL 33140	Los	Angeles CA 90048
ARTICLE III - Registered Agent, Registered Office, &	Registered Age	ot's Signature:
(The Limited Liability Company cannot serve as its own R	legistered Agent.	nt's Signature: You must designate an individual or
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own R another business entity with an active Florida registration. The name and the Florida street address of the registered a	legistered Agent.")	nt's Signature: You must designate an individual or
(The Limited Liability Company cannot serve as its own R another business entity with an active Florida registration.	legistered Agent.")	nt's Signature: You must designate an individual or
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(The Limited Liability Company camot serve as its own R another business entity with an active Florida registration. The name and the Florida street address of the registered a Bijan Cohenmehr 4401 Collins Ave #291	legistered Agent.) sgout ere: Name	You must designate an individual or

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..

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Apr 18 18 02:33p

fax

516 918 9266

p.2

Title: "AMBR" = Authorized Member	Name and Address:		
"MGR" = Manager	Bijan Cohenmehr		
AMBR	640 Lorna Lanc		
	Los Angeles CA 90048		
AMBR	Zibo Dayani		
	640 Lorna Lane		
	Los Angeles CA 90048		
(The attachment if necessary)			
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