

L18000139247

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

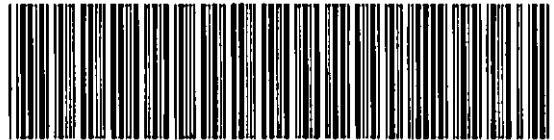
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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01/27/17--01015--004 **70.00

06/07/18--01036--001 **15.00

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2018 JUN -7 PM 3:22

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

N CULLIGAN

JUN 7 2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 17, 2017

DERRICK FINLEY
45 WEST 36TH STREET
NEW YORK, NY 10018

SUBJECT: EXTREME LINEN
Ref. Number: W17000008448

We have received your document for EXTREME LINEN and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

You submitted the forms to File a Corporation. Are you wanting to file a Limited Liability Company. I will enclose the forms and note the additional filing fees to file a LLC.

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.

Neysa Culligan
Regulatory Specialist II

Letter Number: 917A00001841

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: EXTREME LINEN 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:

YIGAL BARMUCHA

Name of Person

EXTREME LINEN LLC

Firm/Company

620 WEST 42ND STREET

Address

NEW YORK NEW YORK 10036

City/State and Zip Code

YIGALBAR@EXTREMELINEN.COM

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

For further information concerning this matter, please call:

YIGAL BARMUCHA

917

5333529

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

EXTREME LINEN LLC

(Must contain 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:

620 WEST 42ND STREET
NEW YORK NEW YORK 10036
PHA

SAME

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:

GEORGE FIRRINCIELI

Name

2820 SCHERER DRIVE SUITE 200

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

ST PETERSBURG

FL

33716

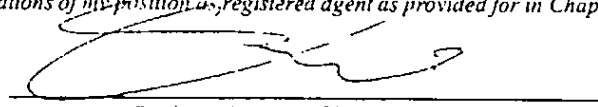
City

State

Zip

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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..



Registered Agent's Signature (REQUIRED)

(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

AMBR

Name and Address:

YIGAL BARMUCHA

327 AVE O

BROOKLYN NY 11230

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2018 JUN - 7 PM 3:22

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(Use attachment if necessary)

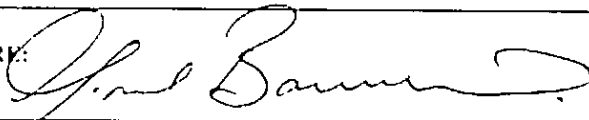
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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.

YIGAL BARMUCHA

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)