Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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Division of Corporations

Fax Number : (850)617-6381

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Account Name : VCORP SERVICES, LLC

Account Number: I20080000067

Phone : (845) 425-0077

Fax Number

: (845)818-3588

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FLORIDA LIMITED LIABILITY CO.

414 South NS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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2018 JUN 22 AM 10: 07

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ARTICLESOF	ORGANIZATION FOR	FLORIDA LIMITED	PLIABILITY COMPANYSECRETARY COMPANYSECRETARY COMPANYSEC)F 0 1410
ARTICLE I - Name:			'ALLAHASSÉE	FLORID.
The name of the Limited Liability	Company is:			· condu
1110 112110 VI 410 21111104 214011119	Company is:		,	
414 South NS, LLC				
	ith the words "Limite	d Liability Company	/, "L.L.C.," or "LLC.")	
ARTICLE II - Address:				
The mailing address and street add	dress of the principal of	office of the Limited	Liability Company is:	
	•			
<u>Principal</u>	Office Address:		Mailing Address:	
253 NB 2 ST, #805		250	47 Street	
Miami, FL 33132		Bron	oklyn, NY 11220	
				
The name and the Florida street ad	idress of the registere	d agent are:		
The name and the Florida street ad	idress of the registered			
The name and the Florida street ad		d agent are:		
The name and the Florida street ad		Name		
The name and the Florida street ad	Nathan Yanovitch	Name	cceptable)	
The name and the Florida street ad	Nathan Yanovitch 253 NE 2 ST, #805	Name	cceptable)	
The name and the Florida street ad	Nathan Yanovitch 253 NE 2 ST, #805 Plorida street address	Name ss (P.O. Box <u>NOT</u> a	•	
Having been named as registered ag place designated in this certificate, I	Nathan Yanovitch 253 NE 2 ST, #805 Florida street address Miami City gent and to accept serve hereby accept the appreciations of all statutes regations of my position	Name FL State rice of process for the continuent as registers elating to the proper	33132 Zip zips above stated limited liability company at the ed agent and agree to act in this capacity. It and complete performance of my duties, and sprovided for in Chapter 605, F.S	7

Nathan Yanovitch 250 47 Street Brooklyn, NY 11220	<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
(Use attachment if necessary) LE V: Effective date, if other than the date of filling: (OPTIONAL) (certive date is listed, the date must be specific and cannot be more than five business days prior to or 90 days of filling.) (the date inserted in this block does not meet the applicable statutory filling requirements, this date will not be liament's effective date on the Department of State's records. (Device the date inserted in this block does not meet the applicable statutory filling requirements, this date will not be liament's effective date on the Department of State's records. (Device the date inserted in this block does not meet the applicable statutory filling requirements, this date will not be liament's effective date on the Department of State's records. (Device the date inserted in this block does not meet the applicable statutory filling requirements, this date will not be liament's effective date on the Department of State constitutes are 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. Racesa Ibrahim Typed or printed name of signee Filling Faes:	"MOR" = Manager	
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