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Florida Department of State
Division of Corporations
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To: Division of Corporations
 Fax Number : (850)617-6381

From: Account Name : BLUMBERG/EXCELSTOR CORPORATE SERVICES, INC.
 Account Number : 075350000353
 Phone : (800)221-2972
 Fax Number : (888)692-9256

SECRETARY OF STATE
DIVISION OF CORPORATIONS
111 W. WASHINGTON ST.
TALLAHASSEE, FL 32304

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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.
7331 GARY AVENUE LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

MAR 25 2019
C Kinsey

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

7331 GARY AVENUE 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:

28-43 215th Place

28-43 215th Place

Bayside, NY 11361

Bayside, NY 11361

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:

Bhumberg Excelsior Corporate Services, Inc.

Name

155 Office Plaza Drive, 1st Fl.

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

TALLAHASSEE

FL

32301

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 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.



Lauren Depassi, Asst Secretary

Registered Agent's Signature (REQUIRED)

(CONTINUED)

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:


<u>Title:</u>	<u>Name and Address:</u>
"AMBR" - Authorized Member	
"MGR" - Manager	
<u>AMBR</u>	<u>ANTHONY FURINO</u>
	<u>28-43 215th Place</u>
	<u>Bayside, NY 11361</u>
<u>AMBR</u>	<u>JOANN MADTES</u>
	<u>28-43 215th Place</u>
	<u>Bayside, NY 11361</u>

(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:

X 
 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.

ANTHONY FURINO
 Typed or printed name of signer

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 DEPARTMENT OF STATE
 TALLAHASSEE, FLORIDA

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Filing Fees:

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 38.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)