

**L190001041723**

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 : TRIAD PROFESSIONAL SERVICES  
Account Number : E20160000008  
Phone : (850)777-2091  
Fax Number : (770)220-1943

**\*\*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.  
AG 1700 Palm Beach, LLC**

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

APR 24 2019 9:49 AM

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**COVER LETTER**

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** AG 1700 Palm Beach, 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:

Allen J. Popowitz, Esq.  
Name of Person

---

c/o Brach Eichler L.L.C.  
Firm/Company

---

101 Eisenhower Parkway  
Address

---

Roseland, New Jersey 07068  
City/State and Zip Code

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madelstein@crgre.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Allen J. Popowitz, Esq.      973      228-5700  
Name of Person      at (      )      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:

AG 1700 Palm Beach, 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:

411 Hackensack Avenue  
Hackensack, New Jersey 07601

411 Hackensack Avenue  
Hackensack, New Jersey 07601

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:

NRAI Services, Inc.

Name

1200 South Pine Island Road

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

Plantation                      FL                      33324

City                                  State                                  Zip

*Having been named as registered agent and in 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..*

NRAI Services, Inc.

BY *Quinn Miller* Assistant Secretary

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

Managing Member

Name and Address:

Mitchell Adelstein

411 Hackensack Avenue

Hackensack, New Jersey 07601

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(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing, \_\_\_\_\_ (OPTIONAL)

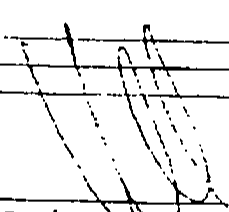
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.

Mitchell Adelstein, Authorized Representative

Typed or printed name of signer

**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)