

8/8/2019

U9000236906

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H19000236906 3)))



H190002369063ABC3

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

****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.

26 Sutton Drive LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

FILED
2019 AUG -8 AM 8:27
SECRETARY OF STATE
TALLAHASSEE, FL

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

26 SUTTON DRIVE 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:770 Park Avenue, 17th Floor
New York, NY 10021**Mailing Address:**c/o Ackerman, O'Brien, Pachman
34 Pantigo Road
East Hampton, NY 11937**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:

C T Corporation System

Name

1200 South Pine Island RoadFlorida street address (P.O. Box **NOT** acceptable)

<u>Plantation,</u>	<u>Florida</u>	<u>33324</u>
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.

C T Corporation System

By: 

Registered Agent's Signature (REQUIRED)

Stephanie Boehm - Assistant Secretary

(CONTINUED)

FILED**2019 AUG -8 AM 8:27****SECRETARY OF STATE
TALLAHASSEE, FL**

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

Steven Roth

770 Park Avenue, 17th Floor

New York, NY 10021

AMBR

Jay C. Beckoff

4 Drumlin Road

Westport, CT 06880

(Use attachment if necessary)


ARTICLE V: Effective date, if other than the date of filing: upon 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.

Jay C. Beckoff

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)

[MEL-MARTINEZLogo-B]

Michael T. Pavlou
Office Manager
2601 S. Bayshore Drive, 18th Floor
Coconut Grove, Florida 33133
Telephone (305) 444-5969
Facsimile (305) 444-1939
Direct Facsimile (786) 363-1992
e-mail: mtp@mellawyers.com<mailto:cmarin@mellawyers.com>

NOTICE: The information in this e-mail, including any attachments, is confidential, is intended only for the named recipient(s) to whom the email is addressed and may contain information that is attorney-client privileged, attorney work product, proprietary and/or exempt from disclosure under applicable law. If you are not an intended recipient, you are hereby notified that any use, dissemination, distribution or reproduction of this email, including any attachments, is strictly prohibited. Anyone who receives this message in error should notify the sender immediately by telephone or by return e-mail and delete the entire email, including any attachments, from their computer. Any opinions or advice contained in this email shall be subject to the terms and conditions set forth in the governing Marin, Eljaiek & Lopez, P.L.L. client engagement agreement. Thank you.

IRS Circular 230 Disclosure: Please note that the views expressed herein or in any attachments hereto are not intended to constitute a "reliance opinion" under applicable Treasury Regulations, and accordingly are not intended or written to be used, and may not be used or relied upon, for the purpose of (i) avoiding tax-related penalties that may be imposed by the Internal Revenue Service, or (ii) promoting, marketing or recommending to another party any tax-related matters addressed herein.

From: mail@mellawyers.com <mail@mellawyers.com>
Sent: Thursday, August 8, 2019 12:31 PM
To: Michael T. Pavlou <mtp@mellawyers.com>
Subject: Attached Image