

L19000201748

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

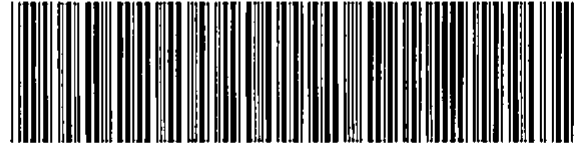
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATION
19 AUG 14 AM 8:56
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 5, 2019

PEARL POLIFKA
145 NASSAU STREET #4C
NEW YORK, NY 10038

SUBJECT: BENJAMIN KISNER FAMILY LLC
Ref. Number: W19000070759

2019 AUG 15 AM 11:42

We have received your document for BENJAMIN KISNER FAMILY LLC and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The entity must be active on our records.

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.

Keyna E Page
Regulatory Specialist II

Letter Number: 519A00015924

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

BENJAMIN KISNER FAMILY LLC

(Must contain the words "Limited Liability Company," "LLC," or "L.L.C.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

19793 Boca West Drive
Boca Raton, Florida 33434

Mailing Address:

19793 Boca West Drive
Boca Raton, Florida 33434

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:

ESTER KISNER

Name

19793 Boca West Drive

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

Boca Raton

City

FL

33434

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.,

Ester Kisner

Registered Agent's Signature (REQUIRED)

(CONTINUED)

SECRETARY OF STATE
DIVISION OF CORPORATIONS
19 AUG 14 AM 8:56
TALLAHASSEE, FLORIDA

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~~ MGR

MGR

Name and Address:

PEARL POUFICA
145 Nassau Street #4C
NY, NY 10038

Harold Kiser
Box 1501
Charlottesville, VA 22813

(Use attachment if necessary)

ARTICLE V: 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.

PEARL POUFICA
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)

RECEIVED
DIVISION OF CORPORATIONS
19 AUG 14 AM 8:56
TALLAHASSEE, FLORIDA