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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
19 AUG 27 PM 2:33

To:
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From:
Account Name : FILE RIGHT LLC
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Phone : (718) 378-5811
Fax Number : (718) 732-4580

C RICO
AUG 27 2019

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: sales@fileacorp.com

FLORIDA LIMITED LIABILITY CO.
CHARMER VENTURES 5 LLC

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

Electronic Filing Menu

Corporate Filing Menu

Help

fax reference H19000257916 3

COVER LETTER**TO: New Filing Section
Division of Corporations****SUBJECT: CHARMER VENTURES5LLC**

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:

Name of Person

FILERIGHTLLC

Firm/Company

531416THAVENUESUTTE139

Address

BROOKLYN,NY11204

City/State and Zip Code

sales@fileacorp.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RACHEL

718

878-5811

at ()

Name of Person

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

fax reference H19000257916 3

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

The name of the Limited Liability Company is:

CHARMER VENTURES 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:1530 MCDONALD AVENUE, SUITE D
BROOKLYN, NY 11230**Mailing Address:**1530 MCDONALD AVENUE, SUITE D
BROOKLYN, NY 11230**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:

STEVE ROSENBERG

Name

100136 STREET, UNIT M-33Florida street address (P.O. Box **NOT** acceptable)

<u>WEST PALM BEACH</u>	<u>FL</u>	<u>33407</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.,

/s/ Steve Rosenberg

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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19 AUG 27 PM 2:33

fax reference H19000257916 3

fax reference H19000257916 3

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

(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:_____
/s/ Mark Fuchs**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._____
MARKFUCHS

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)

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DIVISION OF CORPORATIONS
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FAX COVER SHEET

TO	
COMPANY	
FAX NUMBER	18506176381
FROM	MarkFuchs
DATE	2019-08-27 15:47:53 GMT
RE	CHARMER VENTURES 5 LLC

COVER MESSAGE