

C19000214768

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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(((H19000257903 3)))



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

From: Account Name : FILE RIGHT LLC  
Account Number : I20170000091  
Phone : (718) 878-5811  
Fax Number : (718) 732-4580

19 AUG 28 PM 1:38

**\*\*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 3 LLC

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

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Corporate Filing Menu

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J DENNIS  
AUG 29 2019

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August 28, 2019

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

FILE RIGHT LLC

SUBJECT: CHARMERVENTURES3LLC  
REF: W19000079400

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We have received your document for CHARMERVENTURES3LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

PLEASE INSERT A SPACE BETWEEN THE BUSINESS NAME AND THE SUFFIX.

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

FAX Aud. #: H19000257903  
Letter Number: 919A00017780

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## COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: CHARMER VENTURES 3 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:

Name of Person

FILE RIGHT LLC

Firm/Company

5314 16TH AVENUE SUITE 139

Address

BROOKLYN, NY 11204

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

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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 3 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

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**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

1001 36 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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**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:**

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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.

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**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.\_\_\_\_\_  
MARK FUCHS

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)

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