

L19000218499

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

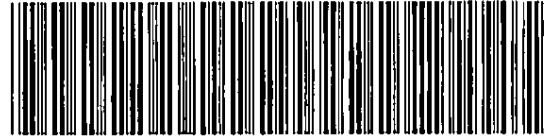
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2019 SEP -5 PM 4:15
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2019 SEP -5 PM 12:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP - 5 2019

K Brumbley

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 908237 86218A

AUTHORIZATION :

Lyndee Coleman

COST LIMIT : \$ 125.00

ORDER DATE : September 5, 2019

ORDER TIME : 3:04 PM

ORDER NO. : 908237-005

CUSTOMER NO: 86218A

DOMESTIC FILING

NAME: 810 SYCAMORE STREET, LLC

EFFECTIVE DATE:

☐ ARTICLES OF INCORPORATION
☐ CERTIFICATE OF LIMITED PARTNERSHIP
☒ ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY
☒ PLAIN STAMPED COPY
☐ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Robinson - EXT. 62968

EXAMINER'S INITIALS: _____

2019 SEP -5 PM 4:12

**ARTICLES OF ORGANIZATION
OF
810 SYCAMORE STREET, LLC**

UNDER SECTION 608 OF THE FLORIDA LIMITED LIABILITY COMPANY LAW

ARTICLE I - Name:

The name of the Limited Liability Company is: 810 SYCAMORE STREET, LLC

ARTICLE II - Address:

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

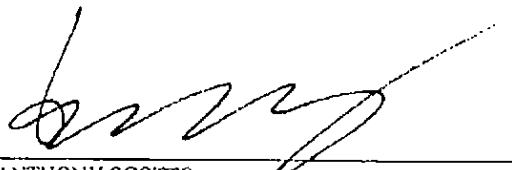
25 Washington Street, Morristown, New Jersey 07960

ARTICLE III - Registered Agent, Registered Office & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

810 Sycamore Street, LLC, 220 East University Boulevard, Melbourne, Florida 32901, Attn: Anthony Scotto

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 608, F.S.



ANTHONY SCOTTO
Registered Agent's Signature (REQUIRED)

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TALLAHASSEE, FLORIDA

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

Name and Address:

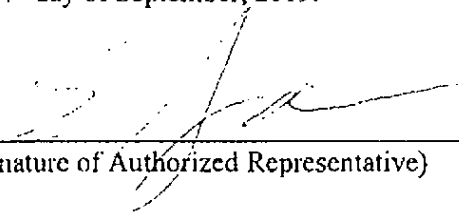
Manager

Anthony Scotto
25 Washington Street
Morristown, New Jersey 07960

ARTICLE V: Term: The Limited Liability Company is to have perpetual existence.

ARTICLE VI: Effective date. The Articles of Organization shall be effective upon its filing with the Department of State of the State of Florida.

IN WITNESS WHEREOF, the undersigned
authorized representations of the members
has executed this Articles of Organization on
this 4th day of September, 2019.



(Signature of Authorized Representative)

Edward J. Albowicz, Esq.

(Name of Authorized Representative)