

Oct. 31 2019 1:05PM GERALD WEINBERG No. 989 Pg. 1/4f2
L190000262122

Florida Department of State
Division of Corporations
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****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.
BOCA PHIL 412 LLC**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

Oct. 31. 2019 2:05PM

GEALD WEINBERG

No. 1989 P. 3/4

(H19000321076 3)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

BOCA PHIL 412 LLC

(Must end with 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:

Mailing Address:

155 EAST BOCA RATON ROAD

APARTMENT 412

BOCA RATON, FL 33432

351 MUTTONTOWN EASTWOODS ROAD

MUTTONTOWN, NEW YORK 11791

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:

DONNA SCHLESSINGER

Name

155 EAST BOCA RATON ROAD, APARTMENT 412

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

BOCA RATON

FL 33432

City

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.


Registered Agent's Signature (REQUIRED)

(CONTINUED)

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DIVISION OF CORPORATION
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Oct. 31. 2019 2:06PM

GEALD WEINBERG

No. 1939

P. 4/4

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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

AMBR

Name and Address:

DAVID SCHLESSINGER

351 MUTTONTOWN EASTWOODS ROAD

MUTTONTOWN, NEW YORK 11791

AMBR/MGR

DONNA SCHLESSINGER

351 MUTTONTOWN EASTWOODS ROAD

MUTTONTOWN, NEW YORK 11791

(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.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.
(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

DAVID SCHLESSINGER

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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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

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